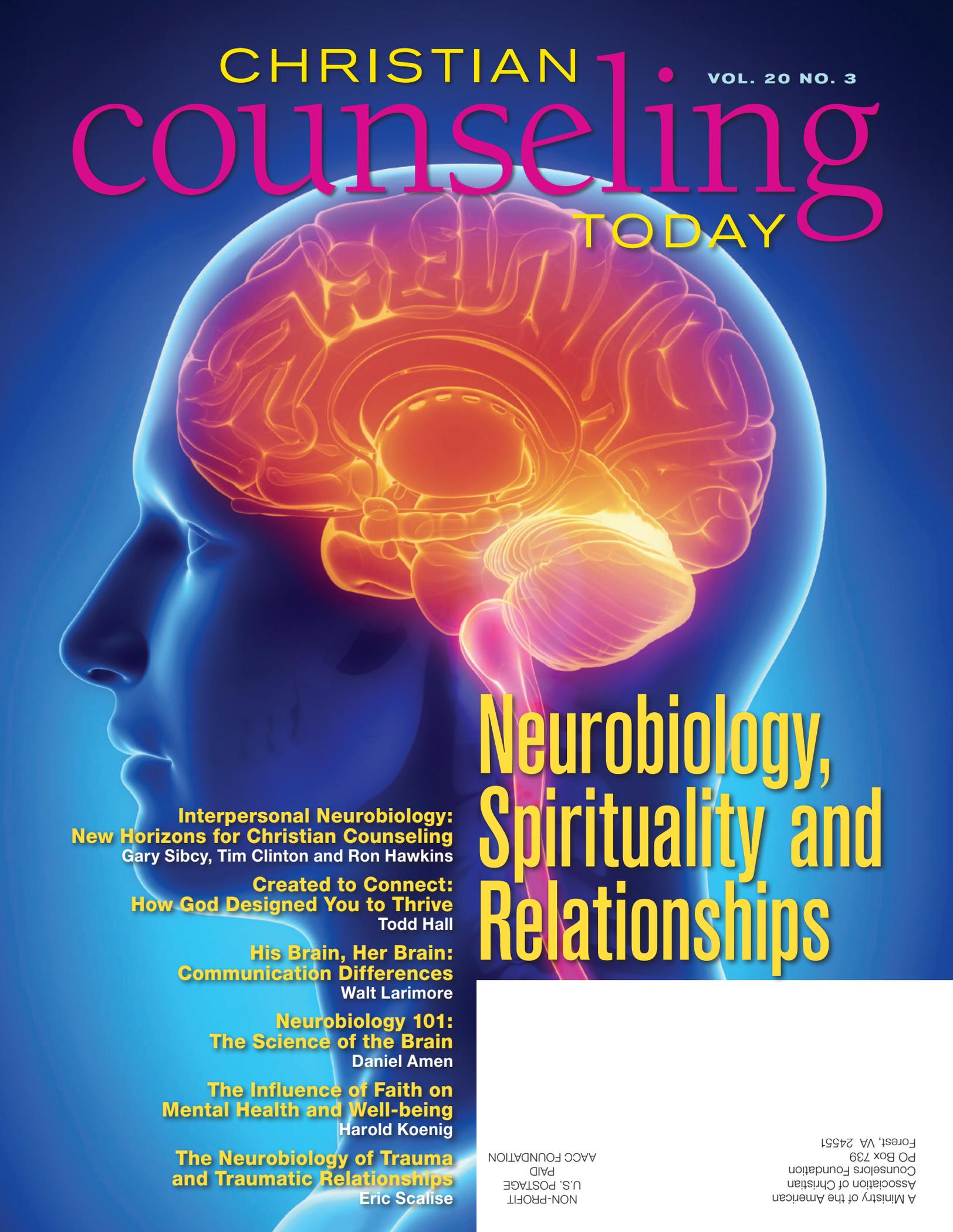


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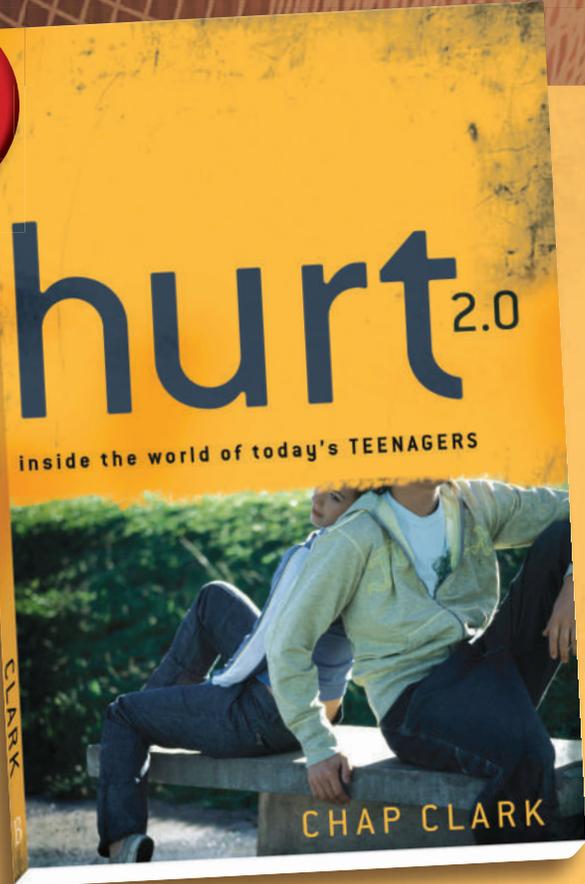
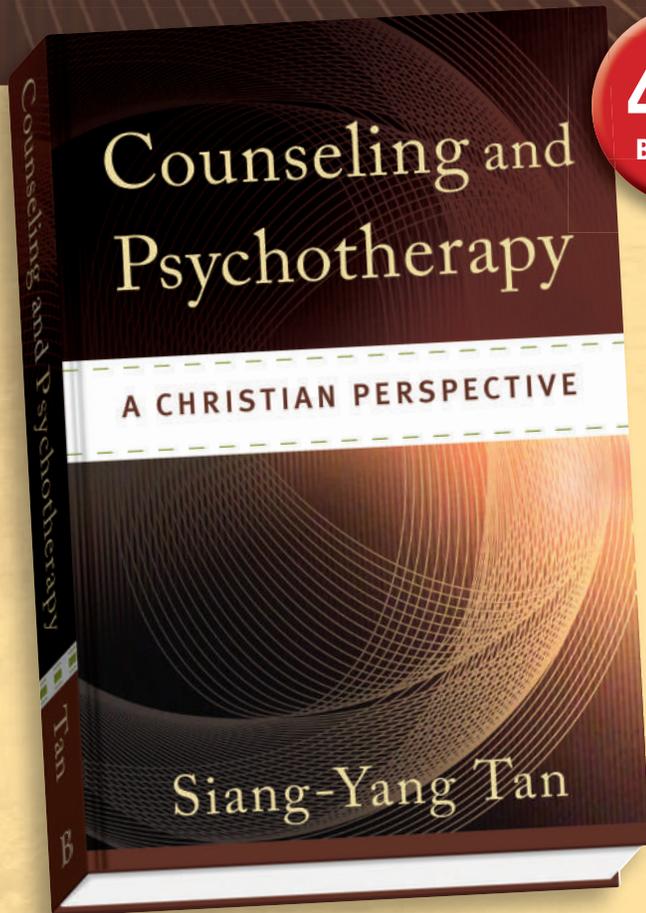
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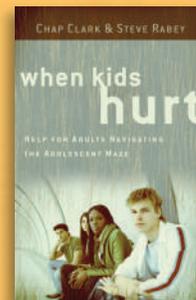
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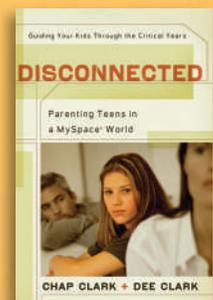
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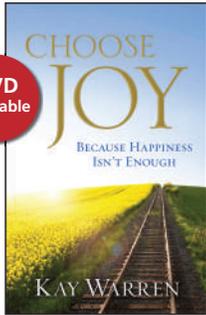
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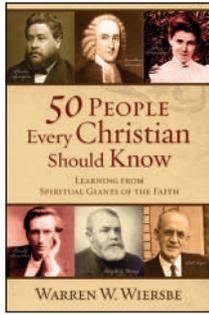
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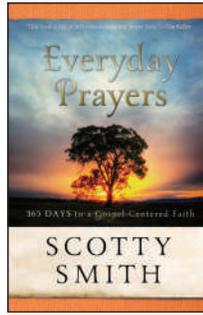
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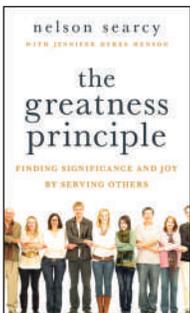
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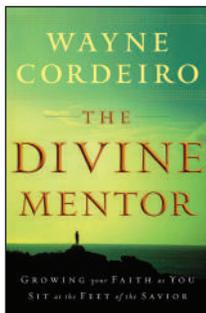
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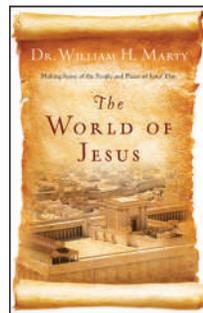
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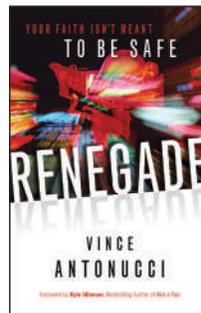
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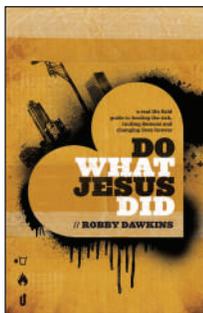


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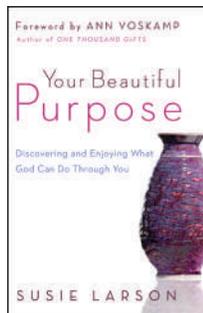
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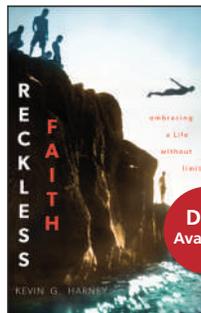
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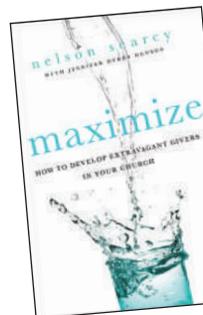


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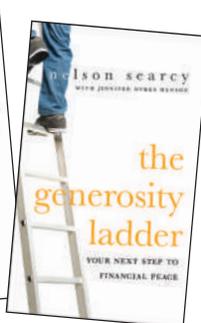
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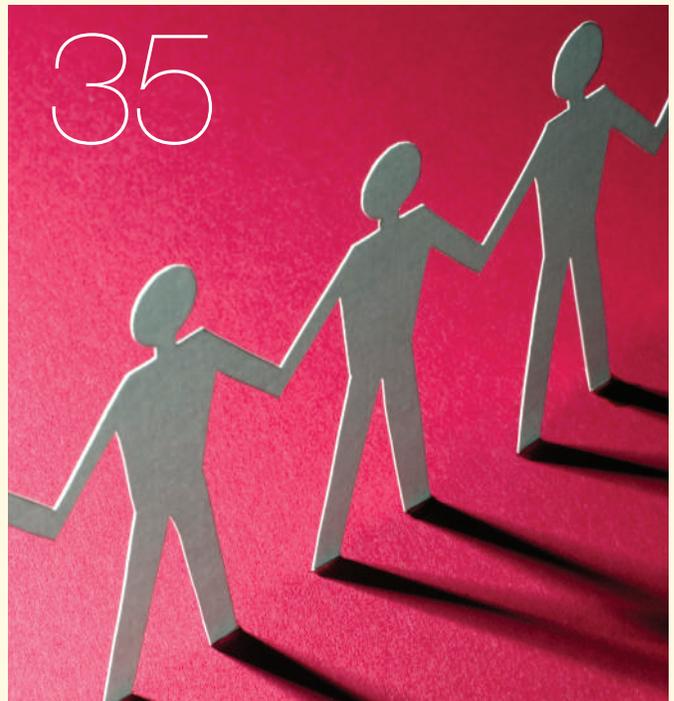


14 Interpersonal Neurobiology: New Horizons for Christian Counseling by Gary Sibcy, Tim Clinton and Ron Hawkins. The authors examine the emerging concept of interpersonal neurobiology, as well as various links to the attachment-based SECURE Model and a Christian worldview. The mind, brain and relationships form a “triangle of well-being” that affects therapeutic outcomes.

22 Neurobiology 101: The Science of the Brain by Daniel Amen. Noted neuroimaging expert, Daniel Amen, describes the various components and primary functions of the human brain. In considering the concept of neuroplasticity, he suggests several, specific strategies to boost reserves and make the brain look and feel younger.

28 The Neurobiology of Trauma and Traumatic Relationships by Eric Scalise. Traumatic stress and its cognitive, neurobiological, emotional and relational consequences have been studied by researchers for decades. Eric Scalise reviews the nature of trauma, as well as the primary neurobiological responses typically found among trauma sufferers.

35 Created to Connect: How God Designed You to Thrive by Todd Hall. According to a growing body of neuroscience research, we are born or “hardwired” to attach to others in relationship. Todd Hall reflects on how this process is supported throughout Scripture in examining our relational nature and as the goal of spiritual growth for the believer.





58 Fearfully and Wonderfully Made: Is There a God Gene? *by G. Todd Vance.* Twin studies and genetic research are beginning to unravel some of the mysteries related to connections between the brain, cognition, and religious beliefs. Todd Vance explores measures of religious attitudes, practices, spiritual well-being, and personal devotion.

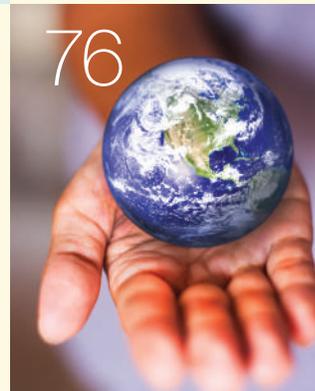
62 Mindfulness and the Brain: How to Change Your Life *by Mark Myers.* Mindful Awareness, or Mindfulness, is the ability to focus attention on a present moment experience in a non-judgmental way. Mark Myers explains how recent neurobiological advances are opening new doors to brain research and modern mental health treatments.

66 The Mind, Faith and Interpersonal Neurobiology *by Curt Thompson.* Over the years, discoveries in neuroscience and its associated disciplines have played a greater role, especially as applied to mental health issues. Curt Thompson discusses faith, spiritual formation, attachment research, and their connection to the brain/body matrix.

42 Executive Functions and Spiritual Growth *by Gary Sibcy.* The concept of maturity is characterized by qualities of warmth, patience, humility, empathy, hope, and the kind of self-control needed to manage our impulses. Gary Sibcy reveals how these neurocognitive processes are all related to the core executive functions of the brain.

48 The Influence of Faith on Mental Health and Well-being *by Harold Koenig.* For years, many have wondered whether or not faith makes a difference on health and overall well-being. Harold Koenig, Director of the Center for Spirituality, Theology and Health at the Duke University Medical Center, shares overwhelming evidence in support of this construct.

54 His Brain, Her Brain: Communication Differences *by Walt Larimore.* Men and women communicate differently, in part, because of neurobiological variations that influence thinking, emotions and behavior. In considering some of the unique aspects of the male and female brain, Walt Larimore looks at relationship and communication factors.



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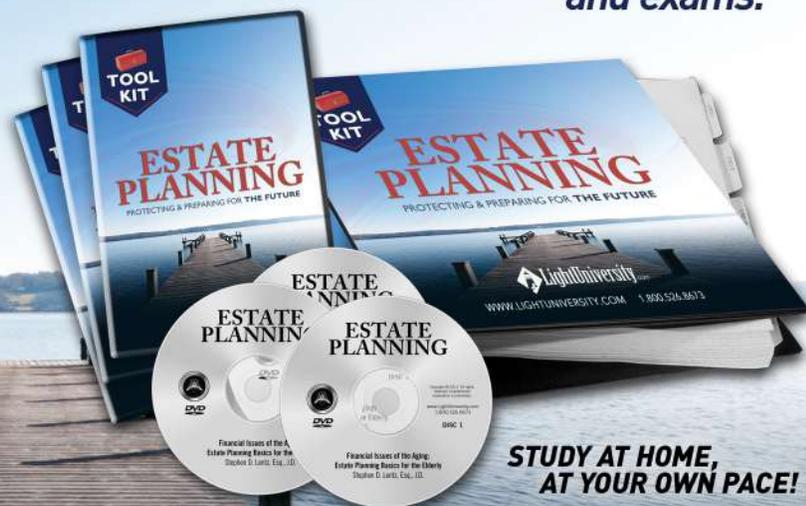
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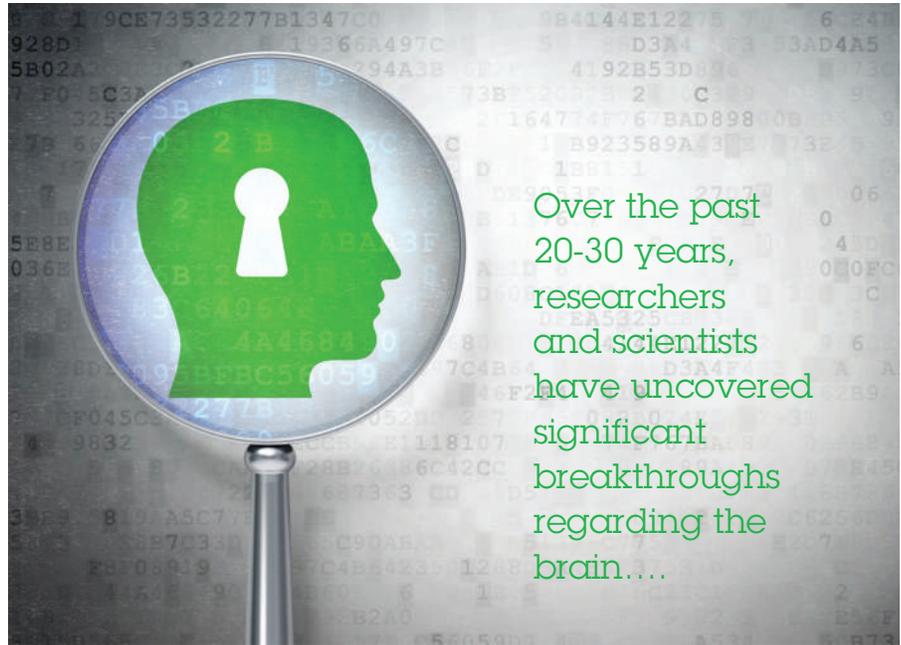


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The Mind of Christ: Science, Faith and the Brain

For the believer, the concept of having the “mind of Christ” is something that can be transformational in one’s faith journey. This reality implies a certain level of intimacy may exist between God and His followers. Jesus told His disciples, “I no longer call you servants, because a servant does not know his master’s business. Instead, I have called you friends, for everything that I learned from my Father I have made known to you” (John 15:15). Over the past 20-30 years, researchers and scientists have uncovered significant breakthroughs regarding the brain, its marvelous features, and how neurobiology influences cognition, emotion, behavior, attachment and relationships, as well as the capacity for spiritual orientation and faith development. In fact, Congress passed a resolution in the year 2000 recognizing the 1990s as the “Decade of the Brain.”

The psalmist, in contemplating God’s nature, declared, “. . . I am fearfully and wonderfully made. . . my soul knows it very well” (Psalm 139:14). The brain is the center of the nervous system and one of the most unique and complex organs in the entire body. For example, the largest component—the cerebral cortex—contains an estimated 15-33 billion cells, with each neuron connected by synapses to thousands of other neurons, all of which are capable of firing more than 1,000 times per second. Other descriptors are just as astounding. Even though the average human brain only weighs three pounds—representing just 2% of total body weight—it consumes 25% of the body’s oxygen, 25% of the body’s available nutrients, and 70% of the body’s glucose. There are over 100,000 miles of blood vessels, capillaries and other transport systems in the brain, and 1.5 pints of blood travel through the brain every minute.



Over the past 20-30 years, researchers and scientists have uncovered significant breakthroughs regarding the brain. . . .

Neurotransmitters, which are chemical messengers released by the electrical impulses of a neuron, record sensory experiences called imprints. These imprints are encoded, passed along appropriate pathways (across a synapse) and stored, usually at the unconscious level. The average brain contains nearly 100 *trillion* synapses. The physiology of brain functioning also incorporates numerous processes including metabolism, information storage, perception, arousal, motor control, motivation, and learning and memory to name a few. Dopamine, one of the major neurotransmitter agents related to the “pleasure pathway” that passes to/through the limbic system (the center of emotions and memories), plays a key role in love and sex, and is instrumental in the development of addiction and stress responses.

So what exactly is the interaction between thoughts and feelings? Conscious awareness and dreams? The will and neurocircuitry? Choices and automatic responses? The brain as an organ and one’s soul or spirit? People of faith

have wrestled with these questions for years, but only recently have we been able to begin forging a more balanced theology of the human mind. The National Institute of Neurological Disorders and Stroke (NINDS), which conducts and supports scientific studies in the United States and throughout the world, is at the forefront of brain research and other elements of the nervous system.

This issue of *CCT* delves into the various nuances and aspects of neurobiology, contemporary brain research and spiritual factors. Neuroimaging expert, Daniel Amen, describes many of the specific components of the brain, while Walt Larimore outlines the differences between the male and female brain. Gary Sibcy takes a closer look at executive functions, especially how they relate to spiritual formation for people of faith. The potential existence of a “God gene” and the interplay between cognition and religious beliefs are explored by Todd Vance. Our lead article, by Tim Clinton, Ron Hawkins and Gary Sibcy, looks at current research on the expanding

field of interpersonal neurobiology and its significance to Christian counseling approaches. Todd Hall and Curt Thompson continue the discussion with their own insights regarding personal connection, meaningful relationships and faith development, and Eric Scalise focuses more specifically on how trauma affects the brain. Finally, Harold Koenig, Director of the Center for Spirituality, Theology and Health at the Duke University Medical Center, shares what the research is showing about faith, spirituality and overall health and well-being, while Mark Myers outlines the value of mindfulness in mental health treatments.

Indeed, we are fearfully and wonderfully made. The Scripture is not silent on the subject of the mind either. Listen to, and meditate on, God's precepts in the following verses:

■ "I will bless the Lord who has counseled me; Indeed, my *mind* instructs

me in the night" (Psalm 16:7).

■ "The steadfast of *mind* You will keep in perfect peace, Because he trusts in You" (Isaiah 26:3).

■ "... You shall love the Lord your God with all your heart, and with all your soul, and with all your *mind*" (Matthew 22:37).

■ "For the *mind* set on the flesh is death, but the *mind* set on the Spirit is life and peace..." (Romans 8:6).

■ "And do not be conformed to this world, but be transformed by the renewing of your *mind*, so that you may prove what the will of God is, that which is good and acceptable and perfect" (Romans 12:2).

■ "Be anxious for nothing, but in everything by prayer and supplication with thanksgiving let your requests be made known to God. And the peace of God, which surpasses all comprehension, will

guard your hearts and your *minds* in Christ Jesus" (Philippians 4:6-7).

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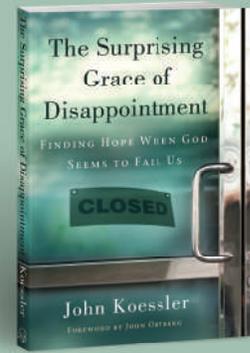


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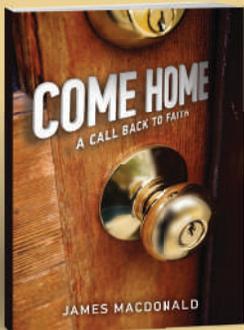
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interpersonal neurobiology

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GARY SIBCY, TIM CLINTON AND RON HAWKINS



.....

The key to a healthy brain is for all of the different circuits, with their special functions, to work together in a smooth, integrated fashion.

.....



Over the past decade, an explosion of scientific discovery has produced an emerging construct known as Interpersonal Neurobiology (IPNB).¹ This field is deeply entrenched in attachment research and remarkably consistent with a Christian worldview. Below, we offer a brief overview and provide some suggestions on how to integrate these findings with the helping process.

IPNB hinges on three overlapping discoveries.² *First*, many neuroscientists now believe the mind and the brain are separate, but related, entities that interact with each other and co-influence one another. This has very powerful implications because it suggests we can influence the mind not only by changing the brain (e.g., medication, diet, exercise, etc.), but also by changing the mind and behavior (e.g., through relational patterns, learning new ways of thinking, and practicing spiritual disciplines like meditation, prayer, silence, solitude, etc.). *Second*, in contrast to years of scientific dogma that the brain was a closed, immutable system incapable of significant change, a new wave of scientists have discovered the adult brain retains the astonishing power of *neuroplasticity*, extending beyond childhood and across the life cycle. In response to new experiences that target and challenge specific neural circuits, the brain can literally rewire itself. *Third*, and perhaps the most exciting discovery, has been the fact that relationships have profound neurobiological properties.³ For example, the telling of one's life story and experience of being empathically understood produces a calming effect in the limbic system—the brain's locus of emotion—similar to the effects of anti-anxiety drugs like Ativan or Xanax.

According to IPNB principles, there are at least three important spheres of human functioning we must simultaneously take into account: mind, brain, and relationships. Dan Siegel, one of the foremost neuroscientists involved in the development of this field, has developed what he calls the “Triangle of Well-being” to help better understand the dynamic, interactive link between these three components.⁴ The *mind* is defined as an embodied process that regulates the flow of energy and information. The *brain* represents the neurocircuitry—extending throughout the entire body, but mostly concentrated in the head—through which energy and information flow. *Relationships*

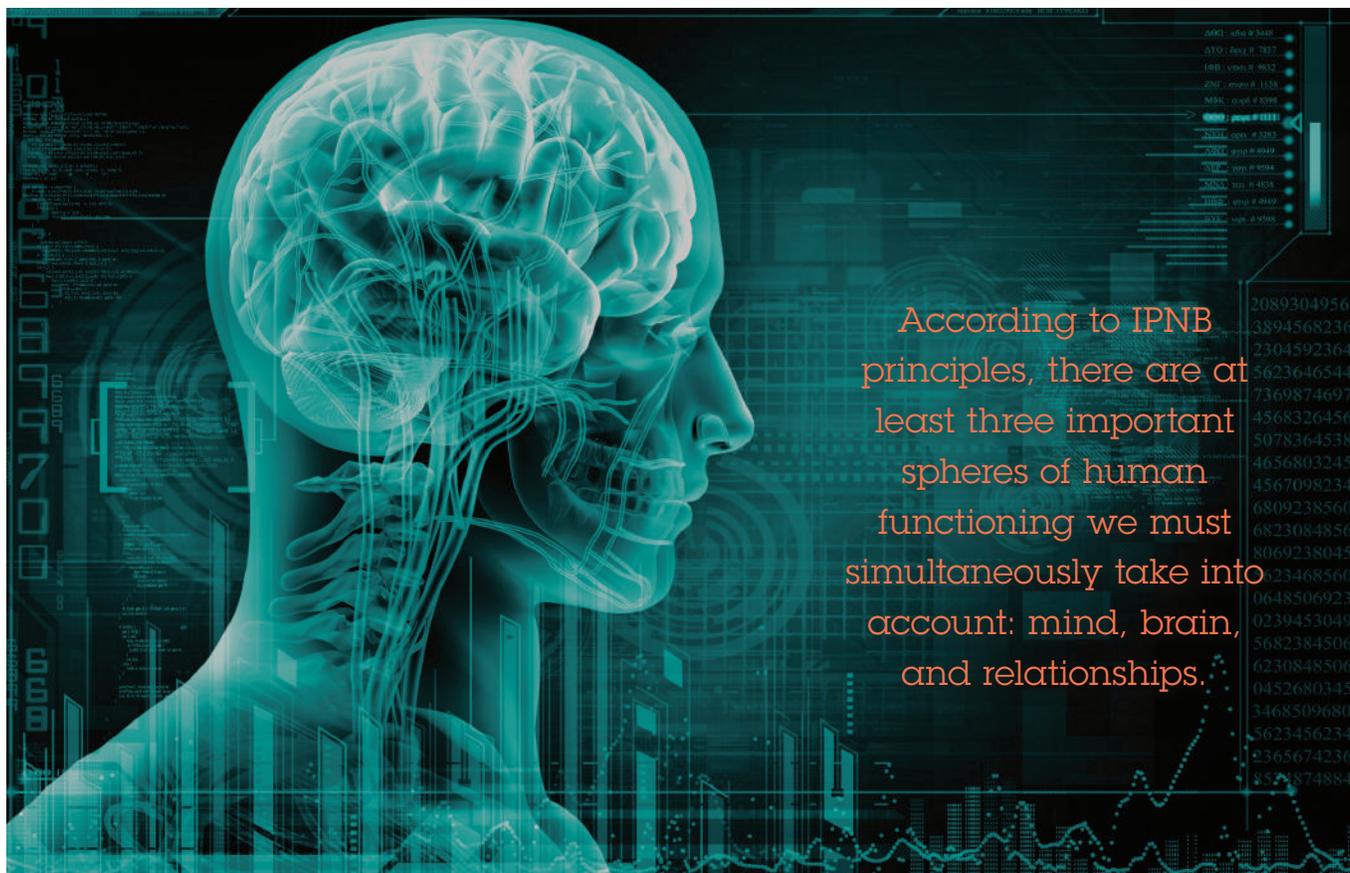
are how energy and information are shared and regulated between people.

The ability to see, respond to, and regulate the mental/emotional life of oneself and (to a lesser degree) others is referred to by Siegel as “Mindsight.”⁵ The research on this crucial capacity reveals that the brain uses different neural circuits when sensing mental life than when it senses and thinks about objects in the physical world. Furthermore, the dynamics of parent-child attachment, especially during the first four to six years of life, have been shown to play a critical role in how our brains develop the neural circuits supporting Mindsight.

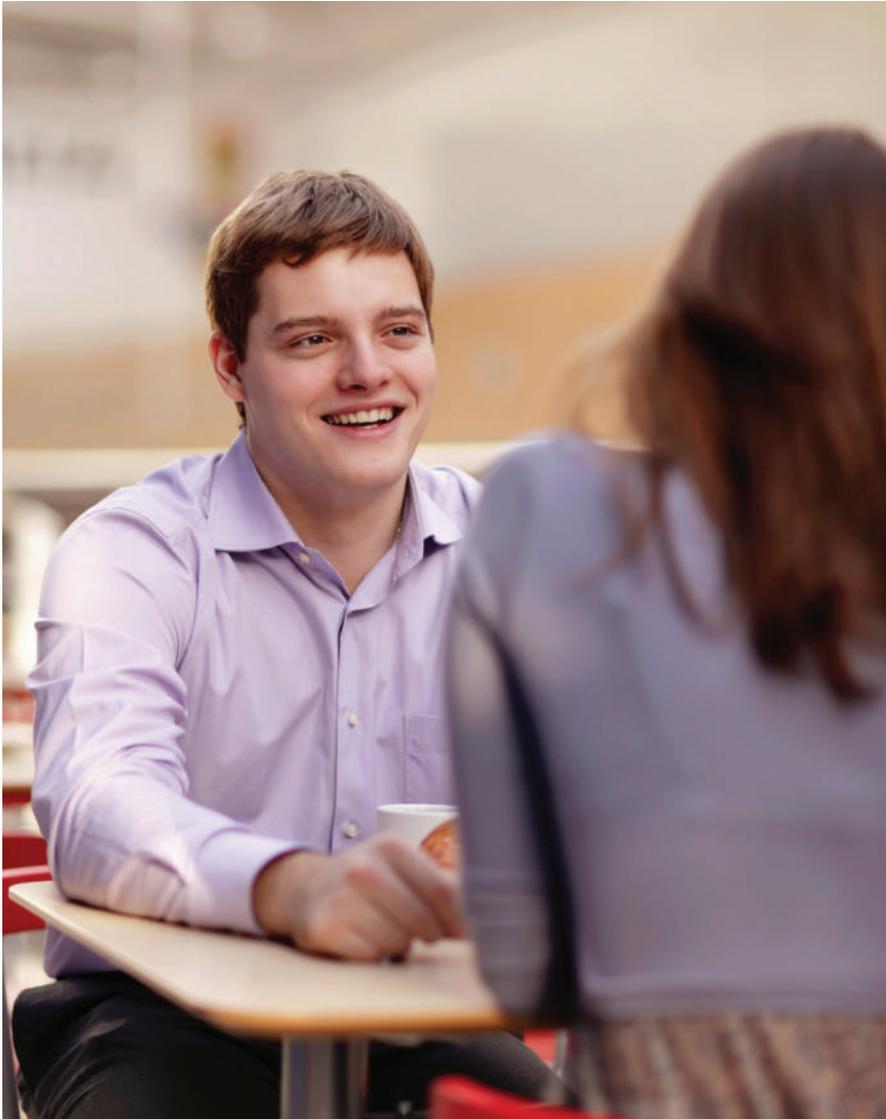
These findings can be integrated within a Christian worldview as we think about the processes involved in spiritual and emotional growth, particularly when considering the capacity to relate to God and how we develop a sensitivity to the urgings of the Holy Spirit. It may well be that there are very different patterns of neural circuitry involved as we engage in the process of spiritual growth as described in Romans 12:1-2. Here, we see how our bodies (which include our brains) play a crucial role in worshipping God and where we become transformed by the renewing of our minds, developing the capacity to discern His perfect, good, and acceptable will in our lives. Within a spiritual context, Mindsight refers to our ability to sense God as a real and present being. Otherwise, our spiritual

walks may become quite superficial, rigid, and mechanical, stuck in the rut of sin-management based spirituality. We are less aware of Jesus Christ, the Holy Spirit, and God the Father as relational Persons (with emotions, intentions, and thoughts) who passionately pursue us and are responsive to our prayers (as described in Romans 8:26).

The key to a healthy brain is for all of the different circuits, with their special functions, to work together in a smooth, integrated fashion. This includes the autonomic nervous system (ANS), which regulates stress responses; the limbic system, which regulates emotion and some of our hidden assumptions/schema; and the cortex system, which regulates cognition and self-awareness. An important therapeutic goal is to get people using all the different brain circuits for thinking, feeling, relating, and communicating with others in a back-and-forth, goal-directed fashion. The brain links these different neural systems together by having each one fire its neurons simultaneously. When they do, the brain generates new dendrites (branches) to connect the circuits—thus the phrase coined by Stanford neuroscientist, Carla Shatz, “Neurons that fire together, wire together.” Dan Siegel’s acronym, SNAG, refers to how we can promote this process of neural integration by Stimulating Neural Activation and Growth.⁶ Whenever we engage in Mindsight, we use our attention to direct the flow of energy and information throughout our brains and, as a



According to IPNB principles, there are at least three important spheres of human functioning we must simultaneously take into account: mind, brain, and relationships.



An important therapeutic goal is to get people using all the different brain circuits for thinking, feeling, relating, and communicating with others in a back-and-forth, goal-directed fashion.

result, strengthen the neural connections between the different specialized regions.

A number of processes are used in therapy that help promote SNAGing the brain, including the following six core processes from our SECURE model of attachment-based, Christian counseling and psychotherapy:⁷

■ **Secure-base:** Therapists provide clients a secure-base where they learn how to manage strong emotions and participate in intimate relationships. The ultimate goal is to help them discover and better engage in a more secure-base relationship with God.

■ **Education:** Clients must learn new skills for dealing with strong negative emotions, generating positive emotions, effectively dealing with day-to-day life problems, and trying out new relationship skills. They may also learn how to integrate the practice of various types of spiritual disciplines, like prayer, meditation, mindfulness, solitude, and even fasting to help promote relational and spiritual formation.

■ **Containment:** This extends the secure-base concept, where the therapist uses effective skills for managing the inevitable challenges to the treatment alliance. In the context of therapy itself, clients learn how to manage their strong emotions and revise negative attributions as they skillfully handle relationship challenges in the safety of the therapeutic relationship. Through this containment, they may begin to refine their attachment beliefs about self-worth, competency and the reliability and trustworthiness of others.

■ **Understanding:** Most therapies help clients increase their Mindsight skills. For example, the process of clients talking to another person about their relationship history—where they are encouraged to recall, evaluate, and understand how their earliest attachment experiences have shaped how they think, feel, and relate in present relationships—places a tremendous challenge for their brains to operate in an integrated way. Self-monitoring—where clients attend to, and record, emotionally activating events—enhances Mindsight because it requires the different neural circuits to fire simultaneously, thus promoting the SNAGING process in the brain.

■ **Restructuring:** This occurs when we help clients identify the maladaptive patterns of thinking, feeling, relating, and behaving and replace them with more adaptive ones. For example, clients who struggle with chronic depression may identify that in social conflict they tend to vacillate between being in a passive-hostile and dominate-hostile position, leaving them with chronic feelings of helplessness and worthlessness. Through a restructuring process, they may begin learning how to effectively manage these situations by becoming more assertive and friendly.

■ **Engagement:** Clients often need help in breaking patterns of avoidance and withdrawal so they can systematically face their fears and re-engage life and relationships more deeply and robustly. It can also be about finding new sources of meaning and ministry, proactively addressing life stressors, and committing themselves to making a difference in the world around them.

To talk about previously unexpressed, emotionally-charged, lived experiences challenges the brain to use the powerful, integrative neural circuits of the middle prefrontal cortex, which are involved in helping us learn how to calm our strong emotions, gain flexibility and perseverance, and master our most troublesome

impulses. This ability is crucial because it provides the platform for fulfilling the Golden Rule and helps us experience God as another mind—someone whom we can converse and collaborate with through prayer and meditation on His Word. However, new treatments have been developed to target these prefrontal regions of the brain and have proven

to be remarkably effective in treating individuals who have failed to respond to other protocols, including multiple medication trials and even traditional cognitive behavior therapy in combination with medication. The research on interpersonal neurobiology has truly opened up a new horizon for Christian counseling. ✦

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Endnotes

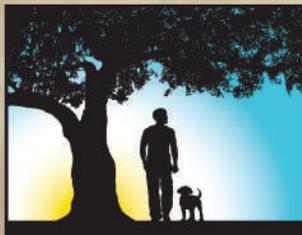
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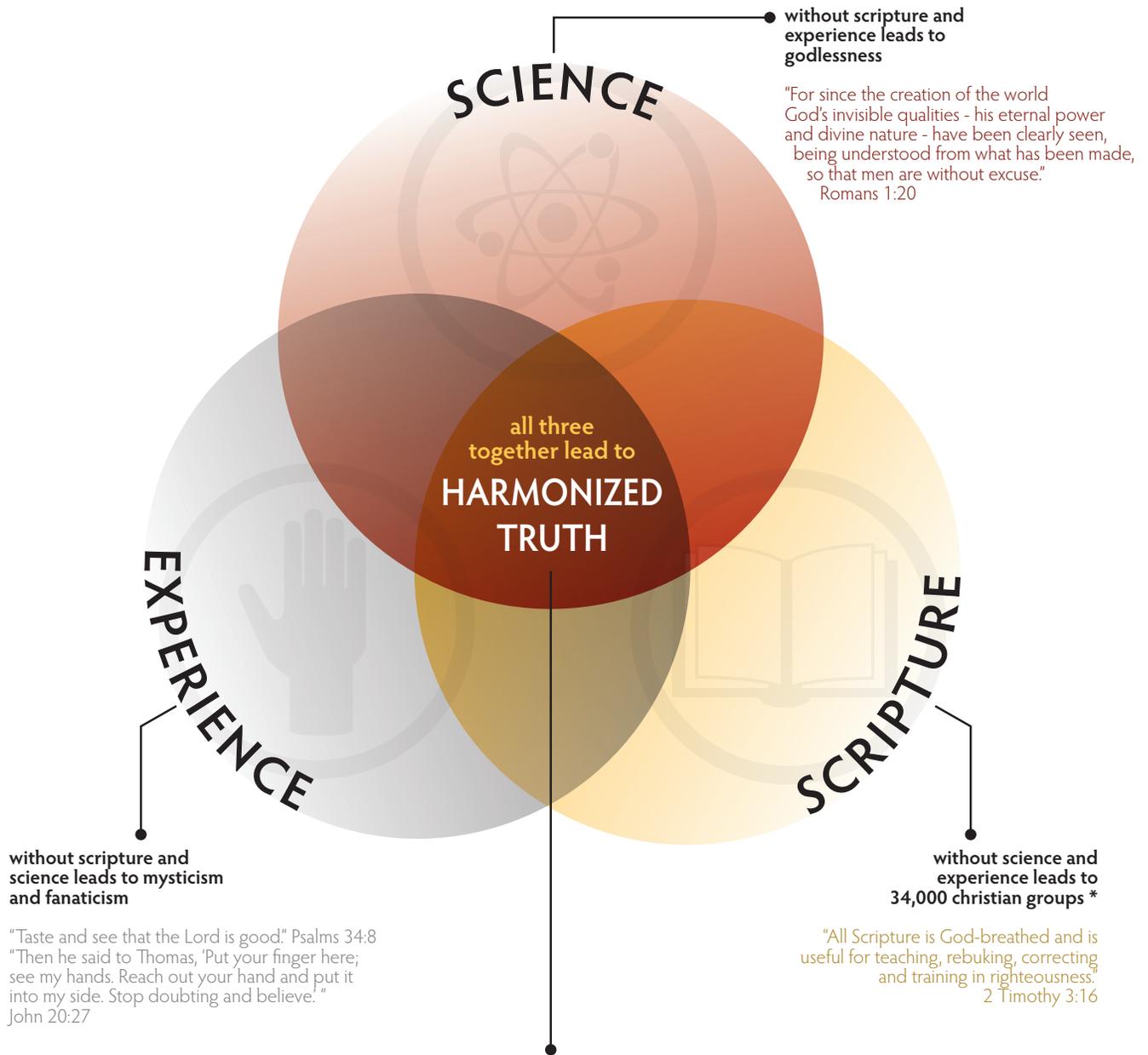
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NEUROBIOLOGY 101

THE SCIENCE OF THE BRAIN

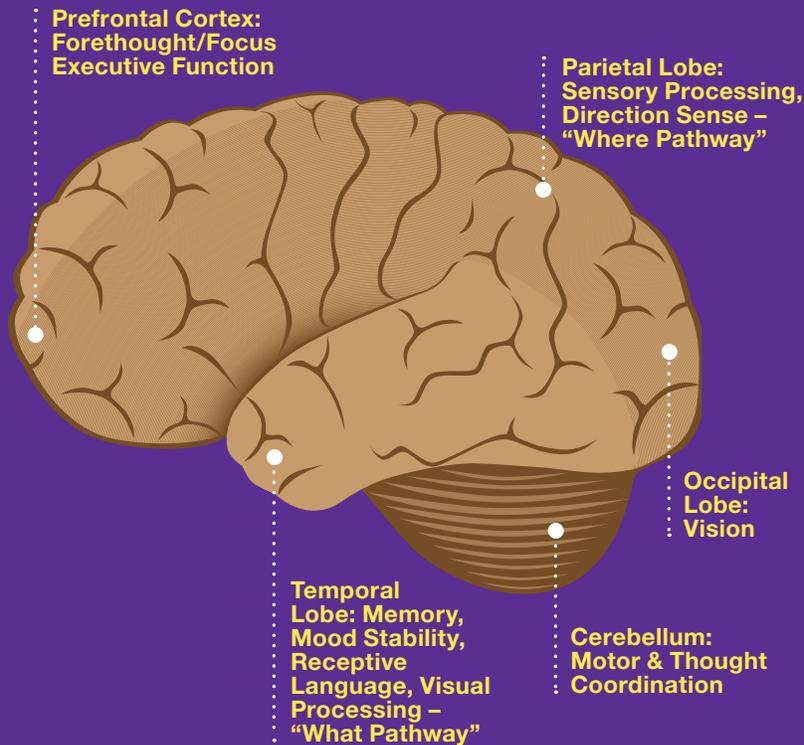
BBrains run the world. They run the stock market and the local market. Brains run huge corporations and the “mom and pop” shops down the street. Brains run governments, schools, churches, families, and you. Yet, we rarely think about the brain, which is a huge mistake, because your brain is the supercomputer that runs nearly every aspect of your life. It is involved in how you think, how you feel, how you act, and even how you get along with others. This article gives a basic primer on the brain, along with the best ways to keep it healthy.

At the Amen Clinics, we have been looking at the brain in psychiatric patients for the last 22 years with a sophisticated brain imaging study called single photon emission computed tomography (SPECT), which looks at blood flow and activity. This important research helps us understand how the brain works. Over this period of time, we have performed more than 80,000 brain SPECT scans on patients from 93 countries. Given this large database, it is very clear to

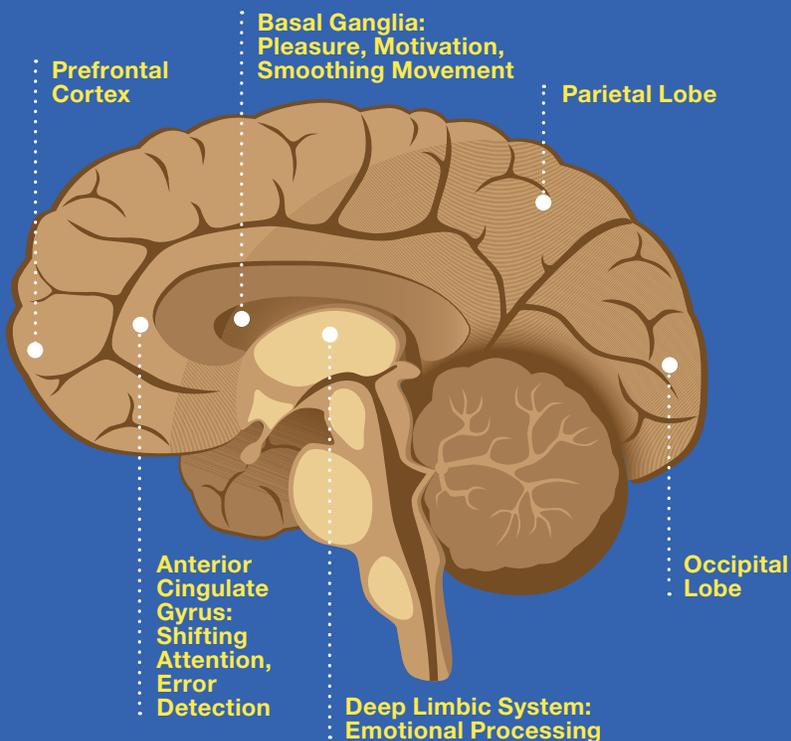
DANIEL AMEN

us that when your brain works right, you work right; and when your brain is troubled, you are much more likely to have trouble in your life. With a healthy brain, you are more likely to be happier, healthier, wealthier, wiser, and more successful because you make better decisions (are you beginning to see the trend?). When your brain is not healthy, for whatever reason, including traumatic brain injuries or exposure to drugs and environmental toxins, you tend to be sadder, sicker, poorer, less wise and not as successful.





OUTSIDE SIDE VIEW OF THE BRAIN



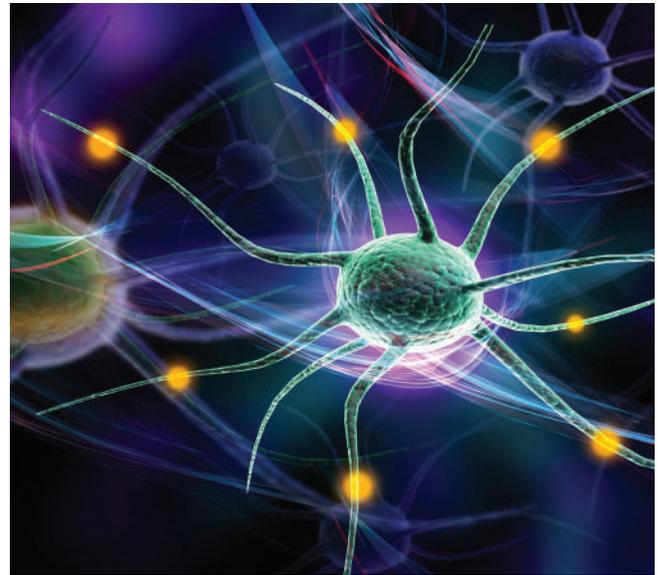
INSIDE SIDE VIEW OF THE BRAIN

The human brain typically weighs about three pounds and it has the consistency of soft butter. It is housed in a very hard skull that has many sharp boney ridges and was never meant to hit a soccer ball with the head or be in the ring with a 300-pound, mixed martial arts fighter who wants to literally smash it repeatedly against the canvas. The most noticeable structure of the human brain is the cerebral cortex, the wrinkly mass that sits atop and covers the rest of the brain. The cortex has four main areas or lobes on each side: frontal, temporal, parietal, and occipital.

The frontal lobes consist of the motor cortex, which is in charge of movement; the premotor cortex, which plans movement; and the prefrontal cortex (PFC), which is considered the executive part of the brain because it functions like a boss at work. The PFC is involved with planning, focus, forethought, judgment, organization, impulse control, empathy, and learning from the mistakes that are made. The PFC makes up 30% of the human brain, compared to chimpanzees (11%), dogs (7%), or cats (3.5%). It's a good thing cats have nine lives, because their PFC is not going to do much to keep them organized and out of trouble!

The temporal lobes, underneath your temples and behind your eyes, are the seat of auditory processing as they name things, get memories into long-term storage, and regulate emotional reactions—as a result of naming what things are, they are called the “What Pathway” in the brain. The temporal lobes house the amygdala, a small, almond-shaped structure involved in emotional reactions, as well as the hippocampus, which helps in getting memories into long-term storage.

The parietal lobes—the top side and back of the brain—are the centers for sensory processing and direction sense. They are called the “Where Pathway” because they help us know where things are. The occipital lobes—at the back of the cortex—are concerned primarily



with vision. Information from the world enters the back part of the brain (temporal and parietal lobes), is processed, and then passes to the front part of the brain for decision making. The cerebellum at the back, bottom part of the brain is involved with motor and thought coordination. It is essential for processing complex information.

Sitting beneath the cortex is the deep limbic or emotional system. This is the part of the brain that colors our emotions and is involved with bonding, nesting, and emotions. Also beneath the cortex are two large structures called the basal ganglia, which regulate motivation, pleasure, and smooth motor movements.

Deep in your frontal lobes is the anterior cingulate gyrus, involved with error detection and shifting attention. When the anterior cingulate gyrus functions properly, people tend to be cognitively flexible and are able to easily shift their attention from thought-to-thought or task-to-task. When the anterior cingulate works too hard, people tend to fixate on negative thoughts or behaviors. They tend to worry, hold grudges, and may be obsessive or oppositional, all signs of

trouble-shifting attention. In addition, they may also see too many errors in themselves or others.

The cortex is divided into two hemispheres, left and right. While the two sides overlap in function, the left side in right-handed people is generally the seat of language, and tends to be the analytical, logical, detail-oriented part of the brain; while the right hemisphere sees the big picture and is responsible for hunches and intuition.

In recent years, two very important discoveries have been made about the brain. The first is that the brain continues to make new neurons throughout life. Prior beliefs maintained we were born with all the neurons we would ever have and once they were lost, they were gone for good. Separate research in the 1990s by geneticist, Dr. Fred Gage, and neurologist, Dr. William Shankle, refuted this myth and showed areas of the brain can develop new cells, even when we are older. There is a “use it or lose it” phenomena with the brain, in that the more it is stimulated, the better it is able to learn. Lifelong learning is a critical strategy to keep your brain healthy.

The second discovery is about a system in the brain called “mirror neurons.” These cells are activated when we empathize or identify with another person. Mirror neurons allow us to actually feel what another person is feeling, which is why most of us get scared during horror movies and feel sad or even cry during emotional scenes. Disorders of empathy, such as autism, have been found, in part, to have faulty mirror neuron systems.

“Brain reserve” is a term I coined after looking at tens of thousands of SPECT scans. Brain reserve is the extra cushion of neurological functioning, or reserve, you have to help cope with whatever stresses come your way. The more reserve you have, the better you can manage stressors, losses, hormonal swings, and aging.

Have you ever wondered why two people can be in the same car accident, experience the same impact, and one person walks away unharmed while the other has serious cognitive or emotional problems? In large part, it is due to how much brain reserve they each had before the



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accident. Brain reserve starts before you are even born. When you were conceived, if your mother ate well, took her vitamins, and was not under a lot of stress, she was building your reserve. However, if she drank, smoked, or ate poorly, you likely started with less reserve. In the same way, throughout the rest of your life, you are either building or depleting your reserve. Being raised in a loving, stable, healthy environment strengthened your reserve, while getting a concussion from playing contact sports or being chronically stressed or fed junk food drains your reserve. Unfortunately, as we age, the brain becomes less and less active, making you more vulnerable to problems. By the time you have symptoms, your reserve is essentially depleted and your brain is struggling. Yet, the really good news is that no matter what your age, you can boost your reserve and make your brain look and feel younger.

Enhance brain reserve by putting the following strategies into your life:

- Brain envy: you have to truly want to have a better brain.
- Avoid anything that hurts your brain: drugs, alcohol, environmental toxins, obesity, hypertension, diabetes, heart disease, sleep apnea, depression, negative thinking patterns, excessive stress, and a lack of exercise or new learning.

- Consistently do good behaviors that help your brain: a great diet, new learning, exercise, accurate thinking habits, stress management, and some simple supplements to nourish your brain.

Finally, it is critical for all mental health practitioners to have a basic understanding of the brain. In medical school at Oral Roberts University, we were always taught to evaluate people holistically, including understanding biological, psychological, social and spiritual factors. Knowing the brain is an important key to understanding a client's biology. Of course, the other factors are equally important, and the spiritual factor is likely the most important of all, but whenever someone is struggling, think about the brain. ✦



DANIEL AMEN, M.D., is a double board certified psychiatrist, brain imaging expert, and founder of Amen Clinics in Newport Beach and San Francisco, CA; Bellevue, WA; Atlanta, GA; Reston, VA and New York City. He is the author of eight New York Times bestsellers, including *Change Your Brain, Change Your Life*, *Healing ADD* and *Magnificent Mind at Any Age*. You can learn more about his work at amenclinics.com.

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THE NEUROBIOLOGY OF trauma and traumatic relationships

Trauma and its cognitive, neurobiological, emotional and relational consequences have been studied by researchers for decades. The type of trauma affects responses, although this can still vary from individual to individual. Basic trauma can result from natural disasters, accidents, and disease, to name a few. Complex trauma, on the other hand, generally refers to multiple traumatic stressors that involve direct harm and are interpersonal—premeditated, planned, and caused by other humans. A growing segment of scientific inquiry within this field includes the particular impact on brain functioning and relationships.

Judith Herman, professor of clinical psychiatry at Harvard Medical School, first described complex trauma in her 1997 book, *Trauma and Recovery*. Typically, these events, due to a deliberate versus accidental causation, cause more severe

reactions in the victim than trauma that is impersonal and serve as precursors to the development of post-traumatic stress disorder (PTSD). They can be a single or isolated event (robbery, physical assault, rape) and perpetrated by a stranger or involve family members and other close relationships (clergy members, teachers, coaches, supervisors). In the latter case, the trauma and subsequent victimization may be repetitive and chronic (sexual/elder abuse, neglect, ritualistic abuse), where the effects are compounded, prolonged, and cumulative over time because perpetrators become increasingly emboldened and compulsive. Distorted trauma bonds may develop between perpetrators and victims leading to general debilitation, despondency, a state of adaptation/accommodation as a means of survival, and dissociation. Relatively small events, repeated when an individual is young and most vulnerable, are potentially more toxic than events of greater intensity later in life.

Other diffused, but nevertheless adverse, environments can also represent forms of complex trauma. These include poverty and ongoing economic challenges combined with the lack of essential resources; excessive community violence and the inability to escape from it; homelessness; disenfranchised ethno-racial and religious status/repercussions; incarceration, residential placement and ongoing threat and assault; prostitution, sexual slavery, and sex trafficking; human rights violations, including political repression, genocide, ethnic cleansing, and torture; displacement, refugee status, and forced relocation; war and combat involvement; and

ERIC SCALISE





exposure to death, dying, and the grotesque in emergency response work. The following observations are based on the work of psychologist and internationally-known trauma expert, Christine Courtois:¹

■ **Alterations in the Regulation of Affective Impulses:** difficulty with modulating anger and tendencies toward self-destructiveness, over-inhibition or excessive expression; pathological self-soothing behaviors and other methods of emotional regulation, even those that are paradoxical, such as addictions and self-harming behaviors; easily-aroused, high-intensity emotions; difficulty describing feelings and internal experiences; chronic and pervasive depressed mood, sense of emptiness or suicidal preoccupation; difficulty communicating wishes/desires; and impulsivity.

■ **Alterations in Attention and Consciousness:** amnesias, dissociative episodes and depersonalization; problems with orientation in time and space; auditory/visual perceptual problems; impaired comprehension of complex visual-spatial patterns; impaired memory function; and the inability to recall or feel certain emotions, vacillating from numbness and detachment to hypersensitivity and flooding.

■ **Alterations in Self-perception:** predominantly negative and low self-esteem involving a chronic sense of guilt; ongoing feelings of intense shame; a lack of a continuous and predictable sense of self; the belief that one has been permanently damaged by the trauma; a poor sense of separateness; and body image distortions.

■ **Alterations in Perception of the Perpetrator:** incorporation of the perpetrator's belief system; and complex relational attachment systems.

■ **Alterations in Relationships with Others:** not able to trust the motives of others; reduced capacity for intimacy; problems with boundaries; distrust and suspiciousness leading to social isolation; unawareness that other people can be benign and caring; uncertainty about the reliability and predictability of the world; difficulty with perspective-taking; and difficulty enlisting other people as resources, advocates, or allies.

■ **Somatization and/or Medical Problems:** concerns that involve all major body systems and include pain syndromes, medical illnesses and somatic conditions; sensorimotor developmental issues and problems with

coordination/balance; and hypersensitivity to physical contact.

■ **Alterations in Systems of Meaning:** feelings of hopelessness; despair regarding recovery from psychic anguish; difficulties in attention regulation and executive functioning; problems focusing on and completing tasks; difficulty planning and anticipating consequences; learning difficulties and problems with language development; and poor object constancy (the ability to see oneself as a separate and unique individual).

According to the National Institutes of Health, approximately 25% of all children in the United States will experience at least one significant traumatic event before the age of 16, with 15% of girls and 6% of boys developing symptoms of post-traumatic stress disorder. The recently released *DSM-5* now includes a category for minors under the age of six. Based on the theory of Developmental Trauma Disorder (DTD), this addition to the diagnostic classification system

was endorsed because the previous descriptors for PTSD were inadequate in addressing childhood traumatization. Children and adolescents who have experienced sequential (repetitive) trauma suffer greater emotional and physiological dysregulation because there is a chronic activation of certain neurobiological systems that produce stronger and more immediate reactions to emotional stimuli, with the effects often lingering into adulthood.² The dysregulation can lead to functional impairment (within familial, educational, and social environments), legal and health related problems, and neurological impairment.³ It should be noted some researchers have voiced concern that the focus for PTSD primarily emphasizes a psychosocial etiology and does not give enough attention to the biological/genetic factors that may come into play.

What the research has revealed, however, is that the brain is not rigid as once believed, but pliable (defined as plasticity) and can change its structure and function in response to lived experiences. When someone is repeatedly exposed to

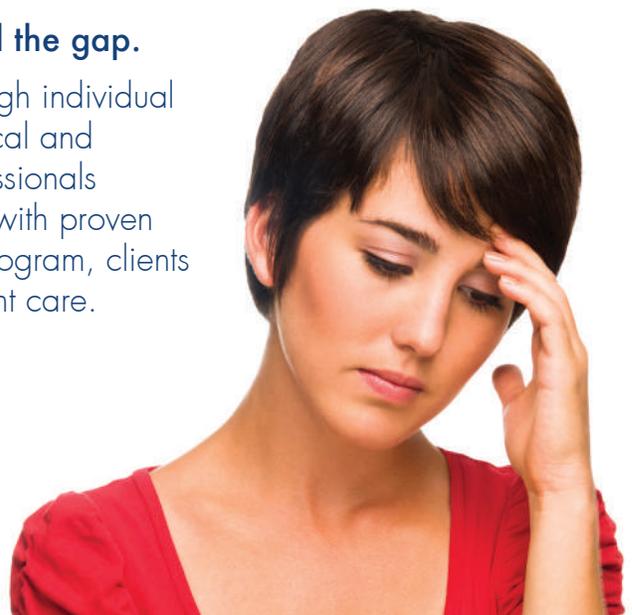
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traumatic stress, disruptions occur in brain functions and structures, endocrinological and immunological function, and central and autonomic nervous system arousal. The hypothalamic-pituitary-adrenal triad—HPA Axis—is responsible for bringing the body back into balance in the face of traumatic events. If the trauma is severe or recurrent, certain chemical responses ensue. For example, catecholamines such as adrenaline and dopamine are chronically increased, which damage memory function and rational thinking, lead to hypervigilance, and compromise the ability to accurately perceive danger. Opioid levels also increase, creating a flat affect; while corticosteroids, in contrast, are chronically lowered and reduce immune system capacity.

Complex trauma results in a lingering over-activation (sensitized neural responses) of an individual's autonomic nervous system, resulting in fight-flight-freeze responses to seemingly

random and unrelated cues long after exposure to traumatic experiences have ended.⁴ Recent research suggests that for younger children, neuro-psychological development is actually altered, which, in turn, can shift learning patterns, behavior, belief systems, cognition, self-identity, and social skills. The amygdala and the hippocampus, both part of the limbic system and highly sensitive to stress hormones, actually change after exposure to a traumatic event. These changes result in a restricted flow of information from the limbic system and higher cortical levels associated with consciousness and executive function. A person's ability to plan and think objectively is dramatically distorted and the essence of objective thinking and judgment is significantly impaired when a triggering episode occurs.

Intervention and crisis response considerations need to be targeted, such as immediate and/or direct medical attention for self-injury, suicidal

ideation/gestures and assaultiveness; contacting emergency 911 and mental health services as warranted; possible hospitalization for reasons of safety and further evaluation; assistance in establishing self-control, emotional self-regulation and self-processing; relational engagement; medication evaluation and proper pharmacological supervision; and an appropriate course of psychotherapy.

In closing, the words of the prophet Isaiah are comforting for all who suffer from trauma, "... Do not fear, for I have redeemed you; I have called you by name; you are Mine! When you pass through the waters, I will be with you; And through the rivers, they will not overflow you. When you walk through the fire, you will not be scorched, Nor will the flame burn you. For I am the Lord your God, the Holy One of Israel, your Savior..." (43:1-3). ✕



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TO CONNECT.



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DESIGNED
YOU TO
THRIVE**

God created you to connect with Him and other people. In fact, He made our brains and souls such that they are designed or “hardwired” to connect in two ways—to be in relationship with Him and other people, and to have a sense of spiritual meaning and purpose by participating in His kingdom. There is general agreement among scientists that human beings are “born to attach.” You can think of this innate tendency as our “relational hardware.” In the broadest sense, the attachment system is an innate (hardwired) motivational system that influences and organizes emotional and memory processes with important caregivers, or attachment figures. We remember experiences in our most significant relationships at a core or implicit level of short and long-term memory. These experiences then become “attachment filters” that influence or clarify how we interpret relational encounters.

TODD W. HALL



Here is how Allan Schore, a neuropsychologist and leading thinker on this subject, puts it: “The idea is we are born to form attachments, that our brains are physically wired to develop in tandem with another’s, through emotional communication, beginning before words are spoken.”¹ The *Hardwired to Connect* report, put out by the Institute for American Values, formulates the principle this way: “The mechanisms by which we become and stay attached to others are biologically primed and increasingly discernable in the basic structure of the brain” (p. 16). In short, our brains and souls are “wired,” or designed, to develop through relational experiences (relational software), and to do so primarily with attachment figures.

Several lines of research suggest we are hardwired to connect. Studies of infant-mother communication and brain development provide compelling evidence that we are created to connect. Picture a mother and her baby face-to-face, looking at each other. The mother makes a “kissy-face.” The baby responds by drawing his lips in, making a sober-looking expression. The mother then widens her mouth into a slight smile, and her baby relaxes his mouth. Both mother and baby then join each other in a slight smile. Then the mother and baby both widen their smiles until they are beaming at each other from ear-to-ear.² The entire interchange takes less than three seconds, yet a primary, but deep, communication has taken place. This basic form of interchange is called “protoconversation,” and it is the foundation of all human communication.

A close-up analysis of these “conversations” shows they are highly synchronized—the mother and baby performing an interpersonal duet. Just as two people dancing in sync with each other gracefully coordinate their every move, mother and baby precisely time the start, end, and pauses in their “talk,” each coordinating their behavior with the timing of the other in an intricate emotional dance. The language used in



protoconversation is not words, but emotions. These emotions are communicated through facial expressions, touch, and tone of voice. The amazing thing we have learned from neuroscience is that these interpersonal duets are made possible by a direct brain-to-brain link between mother and baby. The interpersonal link causes a neural duet between two brains, suggesting that the very hardwiring of our brains is designed to connect.

Neuroscience has taught us the physical brain structures that process our relational experiences (e.g., a part of the brain called the orbital frontal cortex (OFC) located between the cortex and subcortex) are *dependent* on relational experiences with attachment figures in order to grow and develop in a healthy manner. Neuroscientists refer to these parts of the brain as “experience-dependent.” For example, there is evidence to suggest that when a mother and baby gaze at each other, or engage in proto-conversation, it stimulates the growth of the OFC.³ It turns out these early relational experiences with caregivers (or lack thereof) are literally imprinted into an infant’s brain circuits.

These new lines of research are converging and suggest an amazing new perspective on how the brain functions—in short, the brain is dependent on relationships to develop properly and organize itself. The evidence from these studies has led to a new paradigm of development indicating *our neural connections synchronize with our relational connections in an intricate dance, hardwiring our relational experiences into our brain circuits.*⁴ What science is now showing us about our “hardwired to connect” nature is revealed in three basic teachings woven throughout Scripture: 1) our relational nature, 2) the goal of spiritual growth, and 3) the process of how we get there.

Relational Nature

The Bible tells us we are created in God’s image (Genesis 1:26). What does this really signify? The basic meaning of the words “image” and “likeness” in Scripture, when translated from the Hebrew, signifies that human beings are a representation of God. We are, therefore, somehow “like” God and reflect His nature. So, we have to look at the character of God to figure out how we reflect His image.

Perhaps the most fundamental thing about God is His three-in-oneness. The three persons of the trinity co-exist in perfect love, and yet all three are somehow one. While it is very difficult for us to wrap our minds around this, the basic idea is clear: God is relational in His very essence—*radically relational*. God is *Being-in-Relationship*. It makes sense, then, that God designed us as “beings-in-relationship.” This implies we are *beings* with an unchanging relational nature at the very core. Because of this nature, we are always *in-relationship* in some way—at the very least with God who sustains the universe and each of us at every moment. In addition, our very identities are tied up in our relationships with others, especially our



... love always develops us toward being FULLY HUMAN AND DEEPLY ALIVE, while hate and absence of relationship always damages our souls and moves us away from the flourishing human God intended for us to be.

attachment relationships—those relationships upon which we depend for security and comfort. In short, we have the capacity to know and love God and others. We see this same theme when we look at the goal of spiritual growth.

Relational Goal of Spiritual Life/Growth

In John 17, Jesus prays before His disciples, expressing His central purpose: to glorify the Father by giving eternal life to those who put their trust in Him. His goal for those who put their faith in Him is that they enter into a certain kind of life. What kind of life is this? Jesus goes on to explain: “Now this is eternal life: that they know you, the only true God, and Jesus Christ, whom you have sent” (v. 3). Notice that Jesus does not describe eternal life as a time frame, but as a relationship. Eternal life is everlasting, but the emphasis here is on the *quality* of life. The goal for a Christian is to experience eternal life, which is the fullness for which God designed human beings as image bearers. This fullness of life comes, first and foremost, by being in relationship with Him. This fullness with God is something we grow into more and more, as His image is restored in us.

We can think of eternal life as “spiritual vitality.” The word *vitality* comes from the Latin word, *vitalis*, which was a derivative of the word, *vita*, meaning “life.” If something is characterized by vitality, it has the capacity to grow and speaks of fullness. This is the eternal kind of life Jesus is talking about in John 17. *Spiritual vitality is the state of experiencing a certain fullness of relational connections with God and others that are characterized by love* and, therefore, is a relational goal of the Christian life.

When a Pharisee asked Jesus which is the most important commandment, He summarized the goal of spiritual growth in this way: “You must love the Lord your God with all your

heart, all your soul, and all your mind.’ This is the first and greatest commandment. A second is equally important: ‘Love your neighbor as yourself” (Matthew 22:37-39, NLT). So, at the end of the day, our goal is to become a more loving person. Compassionate love is about giving ourselves for the good of others.

In a related picture of spiritual growth, the Apostle Paul indicates we are to be conformed to the image of Christ: “For those whom he foreknew he also predestined to be conformed to the image of his Son.... And those whom he predestined he also called, and those whom he called he also justified, and those whom he justified he also glorified” (Romans 8:29-30). Likewise in 2 Corinthians 3:18, Paul tells the Corinthians, “And we all... are being changed into his likeness....” Paul develops the theme that Jesus is the perfect image of God. In a beautiful passage (Colossians 1:13-18), which most biblical scholars would call a poem, Paul describes Jesus as the visible image (Greek: *eikon*) of the invisible God. In Hebrews 1:3: Christ is described as the “express image” (Greek: *charakter*) of God’s glory. So, we are to become more like Christ, who is the exact representation of God and described as love (1 John 4:7-8). We can summarize the flow of this thought in the New Testament as follows:

- We are to be conformed to the image of Christ.
- Christ is the perfect image, or *exact* representation, of God.
- God *is* love.

We can clearly see here that the goal of the spiritual growth process is to become more loving. Spiritual growth, then, looks like us becoming more loving through the power of the Holy Spirit. The kind of love Jesus is talking about involves giving of ourselves for the good of others and is fundamentally about how we relate to them. Love is all about connecting with others in relationship in order to do what

is good for them. Jesus taught that the way we treat other people and connect stems from our hearts (Matthew 12:34-35). This is a biblical term that basically signifies the center of the inner person. Your “heart” is the core of who you are. Our hearts go much deeper than just our behavior, our ability to choose (willpower), or things we know about God or the Bible in our heads, although all these things are important contributors to spiritual growth. God designed us to connect relationally through love and grow in this ability throughout our lives.

Relational Process of Spiritual Growth

We reflect God’s image by being relational beings, and we are created to grow in spiritual vitality—our love for God and others—which, of course, raises the question: How does this happen? The short answer is that a relational goal is accomplished through a relational process. Put differently, the (relational) medium is the (relational) message. This is a clear implication of the relational nature that we discussed previously. Our nature never changes and it suggests that relationships affect the development of our souls in consistent ways: love always develops us toward being fully human and deeply alive, while hate and absence of relationship always damages our souls and moves us away from the flourishing human God intended for us to be.

Both words in the phrase “relational process” are important here. Our relational nature suggests: 1) we mature, grow, and change primarily and directly through relationships, and 2) this is a developmental process. We are dependent on others throughout our lives to grow and develop and this requires time and certain kinds of experiences. In Colossians 3:9-10, Paul says, “Do not lie to each other, since you have taken off your old self with its practices and have put on the new self, which is being renewed in knowledge in the image of its Creator.” Paul is saying that we put on the new self at one point in time,

at salvation, but the new self is being *continually renewed* in the image of God. Believers who put their faith in Christ enter into a process of being transformed and renewed into His *image*, the One who is a pure representation of the invisible God.

This may be easy to state, but the process is very messy and very human,

even painful and discouraging. We cannot simply snap our fingers, apply our willpower, or learn facts about God and directly change our capacity to love. As it turns out, we have to involve God and others in this process of spiritual growth. In fact, we have to *depend* on God and others. *We are loved into loving.* We grow in our ability to love by first

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being loved by God and then others. Furthermore, we help others grow in their ability to love simply by loving them. This flows out of gratitude for the magnificent love of God in Christ, a gift too wonderful for words (2 Corinthians 9:15).

Contemporary science is bearing these truths out more and more as time goes on. We have learned, for example, that healthy, secure attachment relationships are necessary to grow relationally, emotionally, spiritually, and even for our brains to develop properly. This includes our sense of meaning, purpose, and morality. We learn, at an intuitive level, how to love, what is meaningful, and what is right and wrong from the most important people in our lives. This happens primarily through a nonverbal, emotion-based form of communication and knowledge. In short, we are created, or “hardwired,” for relational connections.

Spiritual Challenge

In what ways are you dependent on God and others to grow spiritually? To what degree do you allow yourself to be dependent in these ways? Pick one way you can open yourself to be more dependent on God today. Write it down and share your answers with someone. ✕



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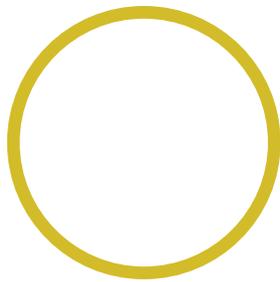


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executive functions *and spiritual growth*



ne of the core themes for this edition of *Christian Counseling Today* is how the brain, mind, and relationships are involved in Christian counseling and psychology. Spirituality is not some separate part of our functioning, but refers to how well all

the different components work together in a synchronized and coherent fashion. Just as the term “team” is about how well all the players work together, spirituality is about how well our thinking, feeling, behaving, relating, communicating and problem-solving operate in relation to others and God. Jesus’ life itself represents a living example of perfect harmony across all these domains.

We also recognize the brain, especially the prefrontal regions (directly behind the eyes), plays a critical role in spirituality because it provides the underlying biological platform that supports a wide number of neurocognitive processes and allows us to achieve “maturity in Christ.” The concept of maturity is characterized by qualities of warmth, patience, humility, empathy, hope and the kind of self-control needed to manage our impulses. These neurocognitive processes are all related to the executive functions of the brain. Until

recently, many counselors thought of these functions as cold, clinical, purely biological factors that were somewhat irrelevant to the development of emotional and spiritual health. However, as you will see below, these processes play a crucial role in developing a deeper love and appreciation for living in the Kingdom of God.

Russell Barkley, Clinical Professor in the Departments of Psychiatry and Pediatrics at the Medical University of South Carolina, says that at the heart of executive function is “... self-regulation toward the future,”¹ where the self directs the body and mind to change present behavior in order to improve the likelihood of some valued future outcome. On many levels, this capacity to endure suffering in the present (distress tolerance) with an eye toward some future outcome seems to be key to various spiritual growth passages such as Romans 5, James 1, and 1 Peter 1, where each writer encourages us to view suffering as a pathway toward character growth.

In this article, I will provide a brief overview of some of the various components of executive function and give a case example of how the processes in counseling and psychotherapy work to enhance and strengthen these capacities. Keep in mind two things: first, as previously noted, these different abilities work together in a unified, fluid manner, like players on a basketball team adapting to different challenges presented by their opponents. Second, these skills unfold in everyday life, especially in the context of relationships, as we deal with

GARY A. SIBCY, II





the real challenges presented to us in our day-to-day interactions with others.

■ **Emotion Regulation and Distress Tolerance:** key capacities for managing both positive and negative emotions and, especially, enduring a certain amount of emotional and physiological discomfort. When people cannot tolerate these experiences, they may resort to what are called *tension reduction behaviors*,² which are designed to alleviate arousal levels that are perceived to be intolerable. While these behaviors can be effective in the short-term, in the long-run they turn into addictive behaviors, exacerbate stress and cause more stressful life events. They include behaviors like cutting, burning, picking, hair-pulling, bingeing, purging, gambling, sexual acting-out, and even suicidal and homicidal fantasies.

■ **Working Memory:** the ability to hold information in the mind's eye while processing it. It works much like the RAM on a computer, which allows you to run multiple programs at the same time. This is a very important skill that facilitates many of the other executive skills in operating simultaneously in a smooth and integrated fashion.

■ **Self-awareness, Self-monitoring and Inhibition:** the ability to know what you want or what your goals are in a particular situation (self-awareness); the ability to be aware of your thoughts, feelings and urges (self-monitoring); and a form of interference control, which is the ability to block attentional shifts so the self is protected from both internal and external distractions as it seeks a set goal (inhibition). Self-monitoring and inhibition are key capacities that support *mindfulness skills*. The ability to be aware of your own thoughts and feelings creates the basis for empathy, which is both the awareness and appreciation of another person's state of mind. An even more complex capacity is what Dan Siegel, clinical professor of psychiatry at the UCLA School of Medicine, calls *mindsight*, which is more advanced

Just as the term “team” is about how well all the players work together, spirituality is about how well our thinking, feeling, behaving, relating, communicating and problem-solving operate in relation to others and God. Jesus’ life itself represents a living example of perfect harmony across all these domains.

than empathy in that the self is aware of how one’s current behavior may be affecting another person’s thoughts, feelings, and behaviors. In many ways, mindsight is at the heart of following the Golden Rule.

■ **Flexibility:** the capacity to adapt one’s mindset and behavior to best fit rapidly changing demands. Too much flexibility can lead to chaos, and too little flexibility can result in rigidity. When you lack flexibility, you have difficulty adjusting to changes and adversity and you can get stuck in self-defeating patterns of black and white, all-or-nothing thinking. Healthy flexibility involves the ability to effectively shift gears, depending on the context and one’s overall goals.

■ **Organization and Planning:** skills that allow us to sequence a series of tactics, strategies, and steps to solve a problem or attain a certain goal. Good planning also considers

possible pitfalls and/or roadblocks and develops alternatives should first attempts fail.

■ **Time Awareness:** a key to self-identity, which involves the ability to have a sense of oneself over time (past, present, future). *Hindsight* is the ability to understand how the present is informed by the past. It also involves the abilities to use past experiences to inform the present and plan for the future. *Foresight* is the ability to predict various future possibilities (e.g., If I do this, what is likely to happen?). In an interesting way, time awareness lays down the capacity for hope, which is the ability to emotionally connect to future outcomes.

■ **Problem-solving (especially Social Problem-solving):** the trials, tribulations, and sufferings the Bible speaks of are the problems that require us to employ all of the executive skills to work together in a smooth, integrated,



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organized and goal-corrected fashion. To effectively engage in social problem-solving, the self has to feel, think, relate, and communicate in a flexible, back-and-forth, two-way, goal-directed fashion. Goal-correction has to do with the ability to observe progress and *appraise* whether one is making satisfactory progress toward the goal. If so, continue with present plan, if not, adjustments must be made.

Keeping these various components of executive function in mind, suppose you are counseling a 20-year-old college student named Samantha who is a relatively new believer. She is serious about her spiritual growth, but is struggling with anxiety, worry and panic attacks, as well as tendency to scratch herself when she gets overwhelmed. You start by helping her with mood regulation—teaching her how to not overreact in the face of anxiety symptoms and calm down when they show up. This also

helps with the scratching. Additionally, you also notice she struggles with how to manage interpersonal anger—where she once “exploded” on people when they crossed her, she now stuffs these feelings. Teaching Samantha how to self-monitor and conduct a situation analysis, where she observes her thoughts, feelings, and behaviors via interpersonal contexts, is the next step. Also, it is important to begin helping her increase self-awareness by noticing the difference between what she actually does in problem situations and compare that to what she actually wanted to do.

This type of interpersonal problem solving assignment, which is not uncommon in many evidenced-based therapies, challenges Samantha to utilize nearly the whole array of the neurocognitive skills described above: she needed to remain calm enough to stay tuned-in to the situation (emotion regulation, attention control, inhibition); she needed to be aware of her

thoughts, feelings, and behaviors (self-monitoring); she needed to be conscious of what actually happened and what she wanted to happen (working memory, self-awareness); she needed to evaluate the situation in terms of whether she actually achieved her desired outcome and ask herself why she did or did not achieve it (working memory, appraisal); she learned new sets of skills, emotion regulation and social abilities (mindfulness, acceptance, empathy, assertiveness, respect); and she practiced new ways she could tactfully apply them (working memory, planning and organization, hindsight, foresight, appraisal, flexibility) in many different situations depending on her interpersonal goals (which was informed by her commitment to biblical principles).

In addition, it would be beneficial to teach Samantha how to practice certain spiritual disciplines—like solitude, mindfulness and prayer—as methods for enhancing these very important abilities, just like an athlete has to train in order to build his or her muscle memory (which really resides in the brain) so he or she can react to game situations with agility and grace. ✦



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THE INFLUENCE OF *Faith* ON MENTAL HEALTH AND WELL-BEING

In John 10:10 (NIV), Jesus said, “The thief comes only to steal and kill and destroy; I have come that they may have life, and have it to the full.” The King James Version says, “... I am come that they might have life, and that they might have it more abundantly.” Do actively practicing Christians experience a fuller, more abundant life compared to everyone else? Do they have greater well-being or find life more satisfying than others? Are they happier? Many wonder about this, especially those who are called to counsel Christians who often appear to be suffering terribly from depression, anxiety, or other forms of emotional distress. There seems to be so much unhappiness in the Christian community, despite the promises in Scripture of a more abundant life for the faithful.

Scientific research has the ability to shed light on such questions from an objective standpoint, one that is not influenced by theological opinion, bias or hearsay that may be circulating around the Church. Admittedly, the scientific method has its limitations here, especially given the complexity of the relationship between faith and well-being, the difficulty in accurately measuring faith, and the changing nature of faith and well-being over time. Nevertheless, systematic research is one source of information on the question of whether Christians (or those with strong religious faith and an active religious life) experience greater happiness and well-being than those not engaged in this way.

HAROLD G. KOENIG

So, what does the research say about Jesus’ statement that His coming would give us a fuller, more abundant life? Although the answer is qualified (as all scientific answers are), the research says... YES! Indeed, those who are more actively involved in a Christian life experience greater life satisfaction, more happiness, and greater well-being than those who are less actively involved. This is also true for other constructs such as optimism, hope, meaning and purpose, gratefulness, and numerous positive emotions and virtuous traits. That fullness of life also goes beyond mental health to include relational health, and possibly even physical health. Here is a summary of the research we systematically reviewed in the *Handbook of Religion and Health* (2nd edition, Oxford University Press, 2012). Bear in mind that this was a systematic review, meaning we covered every study published in the English language in a health science journal that measured religious or spiritual involvement and health outcomes in a quantitative way (i.e., assessed using numbers and statistical analysis, not simply subjective reports). This systematic method is extremely important since it removes much of the bias that could otherwise influence the results.

Emotional Well-being

Research has repeatedly found that committed religious belief and devout practice are related to higher levels of emotional well-being, happiness, and life satisfaction. As of mid-2010 when our systematic review was completed, 326 separate



Research has repeatedly found that committed religious belief and devout practice are related to higher levels of emotional well-being, happiness, and life satisfaction.





studies had examined these relationships, and the overwhelming majority (79% of all studies and 82% of studies with better research designs) reported statistically significant positive relationships. Less than 1% (three studies) found lower well-being among those who were more religious. Note that 301 of those 326 studies (92%) were in Christian-majority populations. Many other studies published since 2010 report similar findings. The same is true for research examining optimism (83% reporting significant positive associations), hope (73%), and having a sense of meaning and purpose (93%). Objective research, then, documents beyond argument that religious or spiritual involvement is related to more positive emotions (over 90% of that research being done with Christian samples).

Relational Well-being

What about support from friends, neighbors and family members? How about stable, satisfying marital relationships? The research again confirms that those who are more engaged in their faith tradition have more support from friends and better marriages. Indeed, 82 of 104 studies (79%) find that those who are more religious report significantly greater social support than those who are less religious. As the methodological rigor of the study increases, the findings are even more consistent (i.e., 93% of studies with the best research designs report this result).

Sure, you may say, “I can believe that devout Christians have more friends and social connections.” That makes sense, but does it also translate to better marriages? Christian counselors who provide marital therapy may be even more dumbfounded by such research. Well, of the 79 quantitative studies measuring religiosity and marital satisfaction and stability, 68 (86%) reported significant positive connections. Those who are more religious have better marriages based on existing research. What about surveys that indicate born again Christians have the same divorce rate (35%) as those who are not born again (35%)? The reality is that devout Christians are more likely to get married and less likely to live together unmarried. The divorce figures do not include the latter. If they did, then Christians would be less likely to divorce or separate than those in the secular world. Nearly nine out of 10 objective quantitative studies by health researchers published in peer-reviewed science journals (including some very comprehensive studies, as well as longitudinal research with married people) find that religious devotion is associated with more stable, more satisfying marriages.

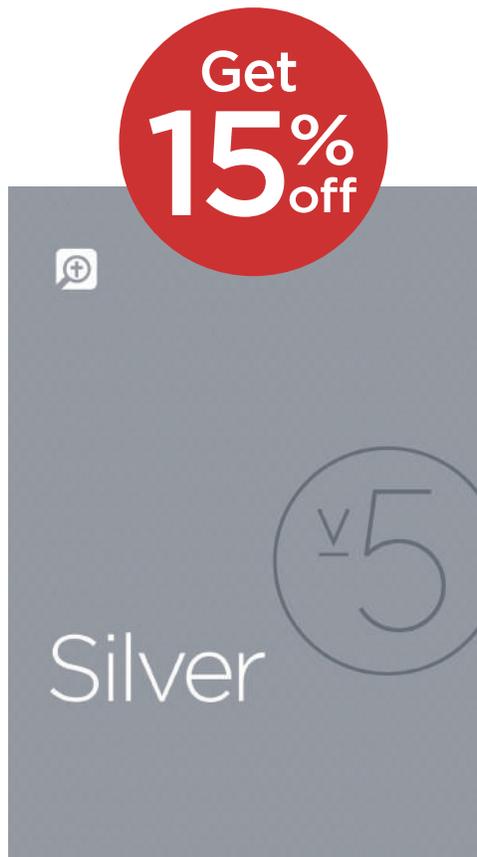
Physical Well-being

Better emotional and relational well-being also translates into better physical health. Despite the tendency for people to become more religious as they become physically sicker (which interferes with the ability to document that those who

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are more religious have better health), study after study reports a positive connection between religion and physical health. This should not be surprising. We know that emotional and social health is a strong predictor of good physical health. In the past 20 years, more and more research has shown that the mind and emotions are intimately connected with the body. Our emotions are directly linked with the basic physiological functions responsible for health and healing (immune, endocrine, and cardiovascular systems). When we experience stress and negative emotions, those systems become compromised and altered, increasing vulnerability to illness. The opposite occurs with the experience of positive emotions such as joy, peace, hope, meaning and purpose. Therefore, if religious people have more positive and fewer negative emotions, have more social support, and live healthier lives (less smoking, drinking, drug use, etc.), then they ought to be physically healthier... and that is what has been found.

For example, devout religious involvement (or religious interventions) is associated with lower rates of coronary heart disease in 12 of 19 studies (63%) and lower blood pressure or hypertension in 36 of 63 studies (57%). It is associated with better immune function in 15 of 27 studies (56%), better endocrine functions in 23 of 31 studies (74%), lower

rates of cancer or better prognosis in 16 of 29 studies (55%), and better overall self-rated health in 29 of 50 studies (58%). These findings help explain why those who are more religiously active live longer, particularly those who attend religious services on a regular basis. More than 120 prospective studies (studies that assessed religiousness at one point in time and followed individuals sometimes for many decades) have examined the effect of religious involvement on mortality. Over two-thirds (68%) reported significantly greater longevity among those who are more religious. Studies with more rigorous research designs have a greater likelihood (75%) to report such findings.

Yes, everything else being equal, religious people do have better physical health (and most of that research has been done in Christians). This does not mean those who become mentally or physically ill are less religious, do not pray enough, or do not have strong enough faith. The Book of Job proves that. The relationship between religion and health is a complex one that is affected by many factors, including genetic influences, environmental dynamics, age and gender, and other variables in which the individual has little or no control. Sometimes, it is not until a person becomes sick and goes through tremendous suffering that he or she develops a deep spiritual life.

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Role of the Church

Given that a person's engagement in spiritual practices and a church community appears to promote social and emotional well-being, and may even serve as a buffer against disease and illness, what role might the Church play in the future of healthcare in America? Furthermore, what might happen to the health of our population if society continues on its current trajectory of becoming more and more secular, ignoring or excluding the Christian values and morals on which this nation was founded? There may, indeed, be a cost to such future trends—both in terms of health and dollars needed for healthcare.

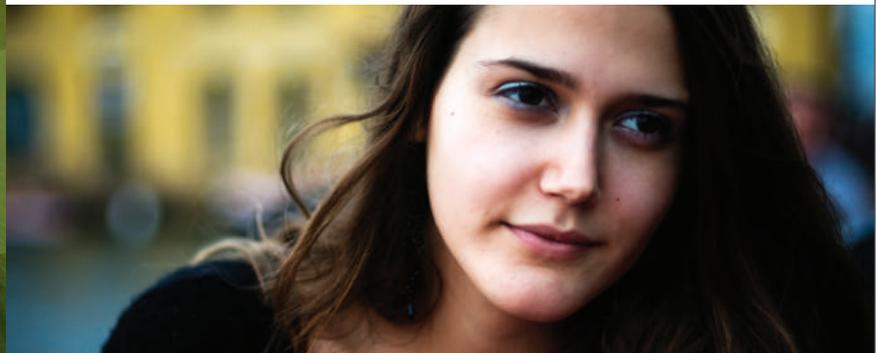
The Christian Church has an opportunity to play a vital role in preserving the emotional, social, and physical well-being of the population. First, churches must hold firm to, and defend, the Christian teachings, values, and moral standards that secularization threatens to destroy and instill these into children and young adults. Second, churches need to encourage healthy habits among their members, especially younger members whose entire lives lay before them. This includes the avoidance of excessive alcohol use, drug use, and cigarette smoking, as well as the promotion of regular exercise, a healthy diet, maintenance of optimal weight, and

routine doctor visits and disease screening activities to detect and treat illness early before it advances. There is no organization in our society as widespread as the Church, with regular access to people of all ages and genders, making it an ideal avenue for disease prevention and health promotion. Third, churches must reach out to non-church members within the community who need help (financial, social, and spiritual) or healthcare. Churches have sent missionaries around the world to spread the Gospel and provide help to the lost. Those precious souls are now (or soon will be) people right in our backyards. All of this may seem obvious, but sometimes reminders and regular reinforcement are necessary through the pulpit, in the press, and at the counselor's office. ✝



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HIS BRAIN, HER BRAIN

communication differences

Communication between husbands and wives can be a challenge that actually grows more difficult as a marriage matures. The differences that draw us together in courtship can begin to divide us in marriage. In fact, as I counsel female patients, they seem surprised to learn that men's brains are simply not structured for long talks—whereas a woman's brain is designed to process and enjoy long bouts of verbal communication.

This is not learned behavior. Rather, males and females come into the world with differences in how they hear and speak already in place. The effect of testosterone in the unborn male changes his brain so that it has fewer and less connected verbal centers than does a female brain. So, it should not surprise us that girls develop proficient language skills earlier than boys. We can see evidence of these differences by the time children are toddlers. Not only do girls say their first words earlier than boys, they also tend to speak in longer sentences earlier. These differences are so profound that by three years of age, the average girl has twice the vocabulary of the average boy.

What is happening in the brain to cause these differences? Women use specific areas located on both sides of the brain for speech and language

functions, while men tend to use just one side of their brains (the left hemisphere) for verbal tasks. When it comes to talking, women are naturally good at it, enjoy the process, and do it often. In addition, the neural connections between a woman's emotional processing and memory centers are larger, far more active, and more strongly connected to the verbal center of the brain than in a man.

She is designed to connect memories, words, and feelings, so her conversation tends to be laden with emotion and meaning. Not so with men. The biological design of men causes them to be less likely to identify and communicate their emotions. With a smaller emotional center, men remember fewer emotional experiences than women. Furthermore, the portions of his brain that process emotion are much smaller and much less connected than those in her brain. So a man's capacity to feel and express emotions is physically separated from his ability to verbally articulate. In conversation, men are much less likely (or even able) to talk about emotions and generally express much less emotional content than the average woman. This reality explains why male conversations are usually filled with facts and are devoid of emotion.

It is no surprise to veteran counselors that the most common dissatisfaction in marriage for a woman, at least after a few years, is that her husband

WALT LARIMORE



It is no surprise to veteran counselors that the most common dissatisfaction in marriage for a woman, at least after a few years, is that her husband does not provide the conversation she needs.

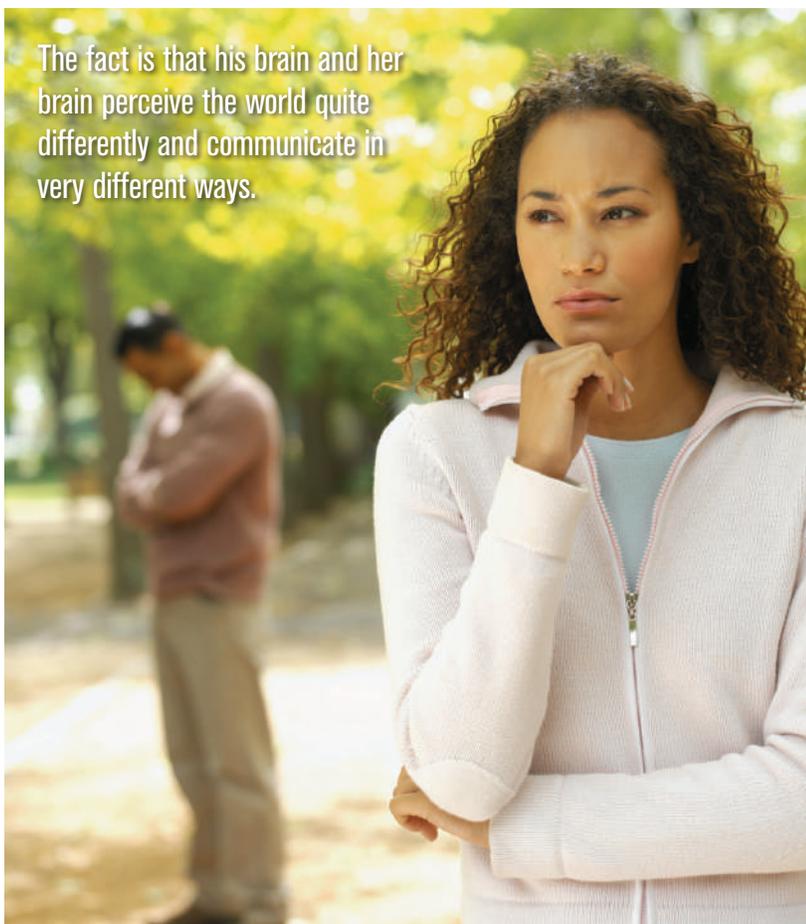
does not provide the conversation she needs. Yet, most of are not aware that a woman's sensitivity to this communication gap has a biological origin—the calming, feel-good, bonding hormone called *oxytocin*. This hormone compels a woman to find others with whom she can talk it out because, when she does, it feels good and helps relieve stress and tension. Nevertheless, conversation with her husband is important because it magnifies the feelings of bonding and intimacy that she longs for in her relationship with him. However, if a wife's expectation is that her husband will be the sole provider of oxytocin-rich relationships and conversations, she is likely to feel unloved and quite alone. She may expect her husband to be available and able to meet all of her emotional and conversational needs, but it is just not the way he is built!

His brain is built to see conversation as a means to an end, whereas her brain is designed to see talking as an end in itself. Researchers have found that not only is her brain built to listen more acutely than his brain, but a woman can use up to six “listening expressions” on her face in any 10-second period of conversation. Whether women are speaking or listening, they reflect in their faces what they are feeling. A woman's facial expressions communicate feelings to such an extent that when two women are talking to each other, it can be very difficult to tell who is sharing and who is responding.

When my wife, Barb, is upset or concerned about an issue, she wants to talk with someone and vent. When I am upset, I usually do not need to vent verbally. I need to think, not talk. When facing emotional situations or problems to be solved, Barb's brain is designed to talk to others, while my brain is designed to talk to itself. Functional brain scans show that when a man wants to talk to someone, his left hemisphere becomes active, as though it is searching for a verbal center but cannot find one. Consequently, husbands are not as verbally able as their wives.

A man's high levels of testosterone and vasopressin lead him toward problem-solving responses to stressors. Therefore, a man's brain and hormones compel him to respond to emotions and stress by either doing something or fixing something. They also lead him toward aggression and action, dominance and decision making. Functional brain scans show the male brain is extremely systemized, with a high ability to compartmentalize, a low ability to multitask, a high ability to control emotions, a low relational orientation, a high project orientation, a high ability to “zone out,” a tendency to act first and think later when faced with stress, an aggressive response to risk, and a tendency to compete with other males. The female brain, on the other hand, has been shown to be highly empathetic with a low ability to compartmentalize, a high ability to multitask,

The fact is that his brain and her brain perceive the world quite differently and communicate in very different ways.



a low ability to control emotions, a relational orientation, a low project orientation, a low ability to “zone out,” a tendency to think and feel before acting in response to stress, a cautious response to risk, and a tendency to cooperate with other females.

In addition, the cortical processing areas that men use for solving puzzles or problems tend to be the same regions that women use for emotive processing. In other words, when he is dealing with a project, a problem, a stress, or an emotion, a man will typically become very quiet. While using his right brain to solve problems or deal with emotions, it is hard for a man to use his left brain to listen or speak. His compartmentalized brain is designed to do one thing at a time; it is difficult for him to solve a problem and converse at the same time. Scans show that when a man is sitting silently, his brain is either at rest or he is having a conversation with himself.

Most women find it incomprehensible—and even frightening—when they realize this is how a male’s brain is designed to work. This is because it is almost the opposite of her brain. A woman’s brain is never at rest—when she is dealing with a problem, she not only wants to talk, but also needs to talk. Her conversation with another person allows her to reduce stress and talk through the problem. It is important for men to realize that when she does this, she is not necessarily looking for a solution in the same way he would.

The fact is that his brain and her brain perceive the world quite differently and communicate in very different ways. We speak and hear language differently. We mean different things by what we say. As a result, a significant communication gap can build up and divide us if we are not aware of our design differences and why they are there. To bridge this communication gap, we need to understand not only how we say what we say, but also what the other sex’s brain hears. Coming to recognize and understand

our communication and language differences has allowed my wife and me to smile and laugh more as we work to build a stronger marriage. ✦

Adapted from His Brain, Her Brain: How Divinely Designed Differences Can Strengthen Your Marriage (Zondervan, 2008) by Walt and Barb Larimore. Used with permission.



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FEARFULLY AND WONDERFULLY MADE: IS THERE A GOD GENE?

In recent years, there has been increased scientific investigation into the possible biological sources of religiosity which, for the purposes of this article, includes one's beliefs about the nature of God, the ability to have what are sometimes referred to as spiritual experiences, and other beliefs and behaviors that are often associated with being religious or believing in God. Scientific inquiry cannot prove or disprove the existence of God. Rather, science can give us insights into the mechanisms that allow or promote religious beliefs and behaviors.

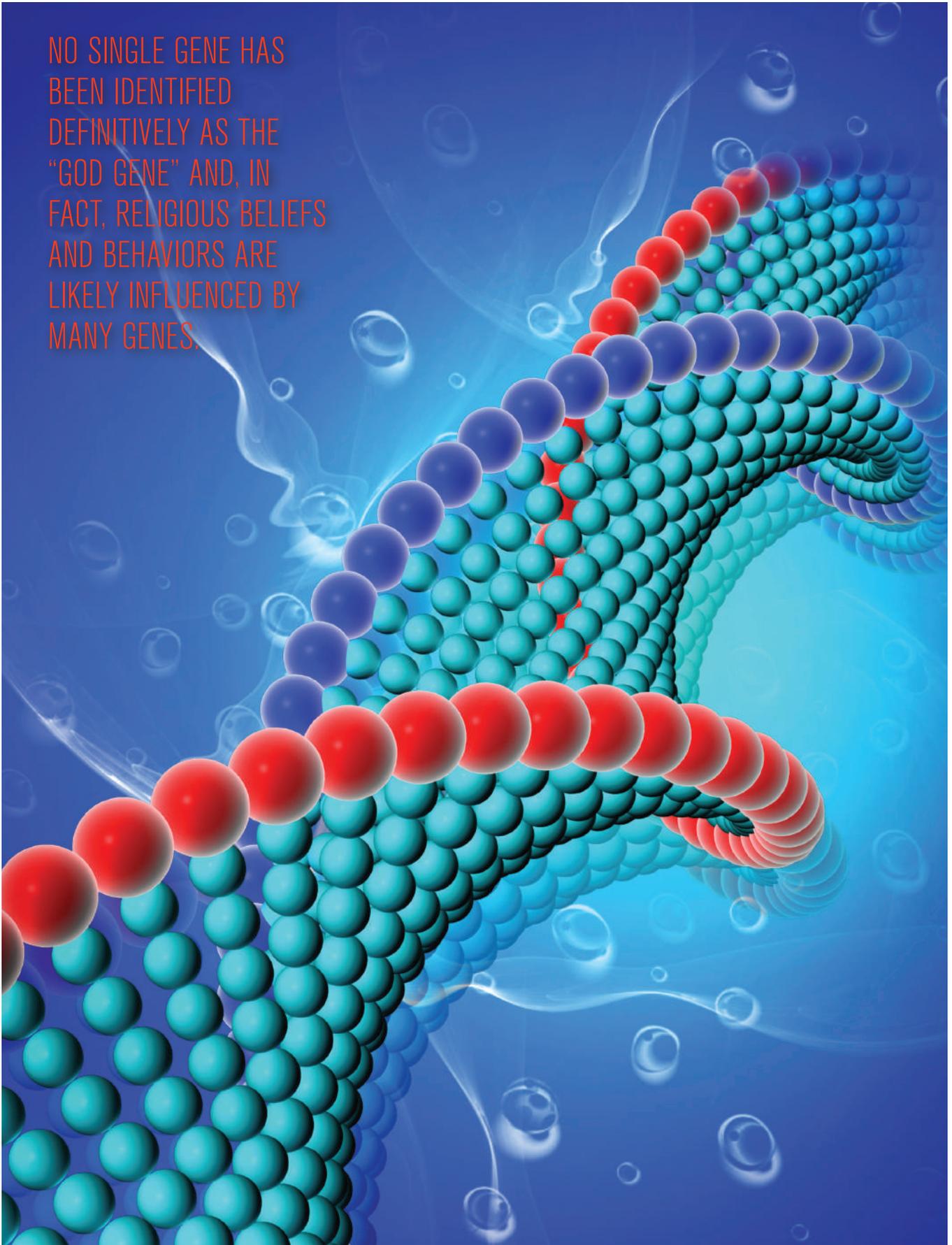


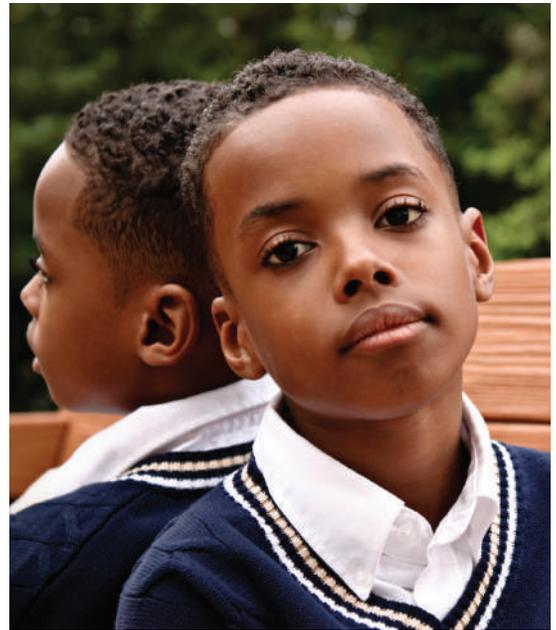
Behavior genetics examines individual differences, as accounted for by the effects of genes and the environment. American geneticist and author, Dean Hamer, received international attention for identifying a specific gene that appears to contribute to the ability to have spiritual experiences. Hamer believes the genetic potential to have spiritual experiences may make people more optimistic and altruistic, improve health, and prolong life. He notes there is not only one “God gene,” but many such genes and that having these genes does not prove or disprove the existence of God, but rather gives one the predisposition to have spiritual experiences.¹

Twin studies are another path of inquiry in the field of behavior genetics. Twin studies take advantage of the fact that monozygotic (“identical”) twins (MZ) share all of their genes, while dizygotic (“fraternal”) twins (DZ) share roughly half their genes, giving them the same genetic similarity as non-twin siblings. However, both MZ and DZ twins reared together share the same family environment from birth. Therefore, similarities in MZ twins are seen as evidence of genetic influences, while differences in MZ twins are accounted for by environmental effects that impact each twin differently. Differences in DZ twins can result from the effects of genes and/or the environment.

G. TODD VANCE

NO SINGLE GENE HAS BEEN IDENTIFIED DEFINITELY AS THE "GOD GENE" AND, IN FACT, RELIGIOUS BELIEFS AND BEHAVIORS ARE LIKELY INFLUENCED BY MANY GENES.





TWIN STUDIES
HAVE SHOWN THAT
NEARLY ALL TRAITS
ARE INFLUENCED,
IN PART, BY GENETIC
FACTORS.

In twin studies, genetic effects are reported, as well as two types of environmental effects. *Common* environmental effects (sometimes called the shared or family environment) are effects of the environment that are shared by both twins. *Unique* environmental effects, on the other hand, are effects of the environment that impact each twin differently.

Twin studies have shown that nearly all traits are influenced, in part, by genetic factors. Religiosity has been studied and varying degrees of genetic influence on religious beliefs and behaviors have been

reported. As with other methods of investigation, findings are influenced by the type of measurement used. Some single item measures of religiosity have been found to be largely influenced by common environmental effects. Examples include religious affiliation (i.e., whether one is Christian, Jewish, Muslim, Hindu, etc.) and church attendance in males (interestingly, genetics have been reported to have a modest effect on church attendance in females). However, varying levels of genetic effects have been reported on broader measures of religious attitudes and practices, including intrinsic and extrinsic

religiosity, religious and spiritual well-being, and personal devotion.

In a twin study by this author and colleagues, we examined seven broad measures of religiosity, including general religiosity, social religiosity, belief that God is involved in one's daily life, forgiveness, belief in God as judge, not seeking revenge, and thankfulness. Genetic influences and unique environmental effects were reported for each of the seven factors. For two factors—social religiosity and God as judge—common environmental effects also had a modest influence. We further reported that genetic factors appear to influence the predisposition to become religious, while environmental factors influence the specific ways religiosity is expressed.²

So to the question, "Is there a God gene?"... the answer is yes and no. There is evidence that genetic influences are present in a variety of religious beliefs and behaviors. No single gene has been identified definitively as the "God gene" and, in fact, religious beliefs and behaviors are likely influenced by many genes. Moreover, as noted by psychology professor, Dr. Paige Harden, behavior and beliefs that are identified as religious are defined at the social, not biological, level.³ For example, we describe prayer as a religious activity, but this is defined socially, not biologically.

It is reasonable to conclude that the Creator designed humans to be biologically capable of enjoying spiritual experiences. However, there are several important considerations to keep in mind. First, having genes that predispose one toward religiosity does not mean these genes are expressed or the potential for that expression is fully reached. This is the difference between genotype (genetic makeup up a cell) and phenotype (observable physical or biochemical characteristics of an organism) and brings to mind biblical references to the necessity of being taught and practicing what one believes.

For example, Romans 10:14, "... And how are they to believe in him of whom they have never heard?..." and Mark 4:24, "... with the measure you use, it will be measured to you..." Second, as Harden has observed, religiosity is intertwined with other influential environmental factors, such as race and family structure.⁴ Overall, the genetic effects on religiosity are likely modest and complex. Nevertheless, recent scientific studies have yielded new insights into the factors that shape religious beliefs and practices.

For now, we see through a glass, darkly. Science has only begun to scratch the surface of what can be understood about how we have been made. Believers need not fear science. The scientific method can never prove or disprove the existence of God. What science can do, and is increasingly doing, is help us understand the complex nature of creation, including the biological underpinnings of how we are able to experience the divine. ✘



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MINDFULNESS & THE BRAIN: *how to change your life*

Every once in a while, modern science will bring to light an ancient truth. Take for instance the insurgence of neurobiological research on the subject of a centuries-old, mind-body experience called mindfulness. Evidence is emerging that shows practicing mindfulness can reform specific areas of the brain (Holzel et al., 2011). In other words, what we do with our minds changes us in such a profound way as to actually alter our bodies at the cellular level. When news like this emerges, we are all reminded that science, in all of its progressive glory, is only a tool from which we try to understand an age-old creation. The Bible has, for centuries, admonished us to guard our hearts and minds. Who knew that it was, in part, because the very formation of our brains was at stake?

Mindful Awareness, or Mindfulness, is the ability to focus attention on a present moment experience in a non-judgmental way. This age-old concept is forming deep roots within modern psychology and counseling. After Dr. Jon Kabat-Zin (2009) introduced a Mindfulness treatment protocol (MBSR) at the University of Massachusetts for chronic pain, research on this meditation-based mind-body practice has exploded, and for good reason. Today, nearly every major medical research school in the United States has a mindfulness center as part of its school or hospital. With the advent of neurobiological advances, such as the PET (positron emission tomography) and FMRI (functional magnetic resonance imaging) scans opening new doors to brain research, this ancient, prayer-like practice has found itself on the center stage of modern mental health treatments.

MARK MYERS

This development should not escape the attention of Christian practitioners. After all, we are tasked with serving the minds and bodies of those whom God brings our way. More importantly, though, we thoughtfully consider how spiritual development converges with these other elements of our being. It turns out that mindfulness may also be related to how we use spirituality to manage emotions.

Mindfulness and Emotion

Clinical psychologist, Dr. David Black, of the University of Southern California, publishes a monthly Web article on current mindfulness

There is something about being present in a non-judgmental or non-reactive way that enhances the regulatory processes of emotion.





research called the Mindfulness Research Guide (mindfulexperience.org). A brief overview of recently published articles reveals that cultivating mindfulness, as a treatment, has shown consistently positive effects in a broad array of areas such as addiction, attention, depression, anxiety, pain management, and the list goes on. There is something about being present in a non-judgmental or non-reactive way that enhances the regulatory processes of emotion. You can imagine how this could be so if you have ever tried to practice it.

I challenge you to sit for five minutes and focus solely on the experience of your breath. It does not take long before you experience the intrusive and distracting thoughts of the day. For many people, these thoughts are not only distracting, they are also condemning and even distressing. What would it be like if you could develop a habit of being present and non-condemning or no longer distressed? The allure of such a notion for those suffering from anxiety can be intoxicating.

We understand anxiety, the most common of all psychological ailments, to be the hyper arousal to real or imagined threats. Therefore, we can see how being able to focus our attention on the present moment in a non-judgmental or non-reactive way would affect the very core of the anxious mind. As we are discovering, this experience may not only be in the present moment, but may also have longer lasting effects due to the neurobiological processes (changing the brain) discussed earlier.

Mindfulness and Spiritual Development

If being mindful can increase well-being in many different psychological, and even physiological, conditions, then what implications does this have for the Christian? Could it be possible that present mindedness is an important part of spiritual development?

As a former pastor, one of the chief complaints I heard regarding the effectiveness of prayer and Bible study was the idea that the follower seeking to reach out to God was entangled in his own mind. Okay, these parishioners never put it that way, but humor me for a moment. As I understood them, continual distractions and worry of their situations made them feel disconnected from God. It could be that this psychological entanglement, or lack of being present, in say, prayer, is a key factor in our growth as Christians.

In a study I conducted at Liberty University, I compared Mindful Awareness against the relationship between religious coping and the reappraisal function of Emotion Regulation in 357 graduate counseling students (Myers, 2012). The results were quite interesting. Although the relationship between religious coping and reappraisal was considerably low in my study, the effect was fully mediated by Mindful Awareness. In other words, the effect that coping in religious ways had on the participants' ability to reappraise stressful conditions completely disappeared when I accounted for Mindful Awareness. It was a person's ability to be present and non-judgmental that allowed for religious coping to influence emotion regulation in this study.

Imagine the possibilities: Mindfulness research shows that non-reactive, present-moment awareness can reduce anxiety and depression, as well as a myriad of other chief concerns such as chronic pain, but what it may also affect is our experience to be present with God. Our cluttered and judgmental minds tend to corrupt quiet moments with God. Those slivers of time we have to engage God in prayer and meditation sadly become more like yelling out the window of a speeding car than sitting beside still waters. Enhancing our ability to be still and calm in His presence could turn out to be a life-changing experience that brings peace to the very cells of our bodies.

A Caveat

As we seek to support Christian clients, it is important to be aware of the fact that their psychological conditions affect how they experience God in prayer, Bible study, community with others, etc. Mindfulness practice may be an important adjunct to treating Christian clients; however, the Christian clinician must explore the efficacy of such a practice given its cultural baggage. Today, mindfulness is most commonly associated with Buddhism, although there is evidence that its roots go further back beyond Buddhism into early Christian prayer practices. Regardless of its origin, this mind-body experience can be nullified if a client, for conscience sake, views the practice to merely be a new-age philosophy. However, as we and other Christian practitioners work out the integration of new and old advances, it is our privilege to explore the workings of God's creation and once again revisit the still, small voice. ✖



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THE MIND, FAITH and INTERPERSONAL NEUROBIOLOGY

We sat together at the table, 11 adults gathered around an evening meal for the purpose of exploring the space that boundaries clinical depression from what has classically been described over the centuries as the dark night of the soul. The members of this particular small group from our church had recently experienced a number of personal traumas, the nature of which they wanted to better understand so as to live more faithful lives. How is depression different from the dark night of the soul? How are they alike and where do they intersect? Might taking medication be my way of avoiding what God is trying to do in my life in this time of despair? If prayer is not working, does this indicate depression and not something primarily spiritual? And above all, what is the standard for measuring the answers to these questions? Aware of the work I do, they wanted to know how following Jesus and interpersonal neurobiology might overlap regarding these questions—and how that intersection could be helpful to them.

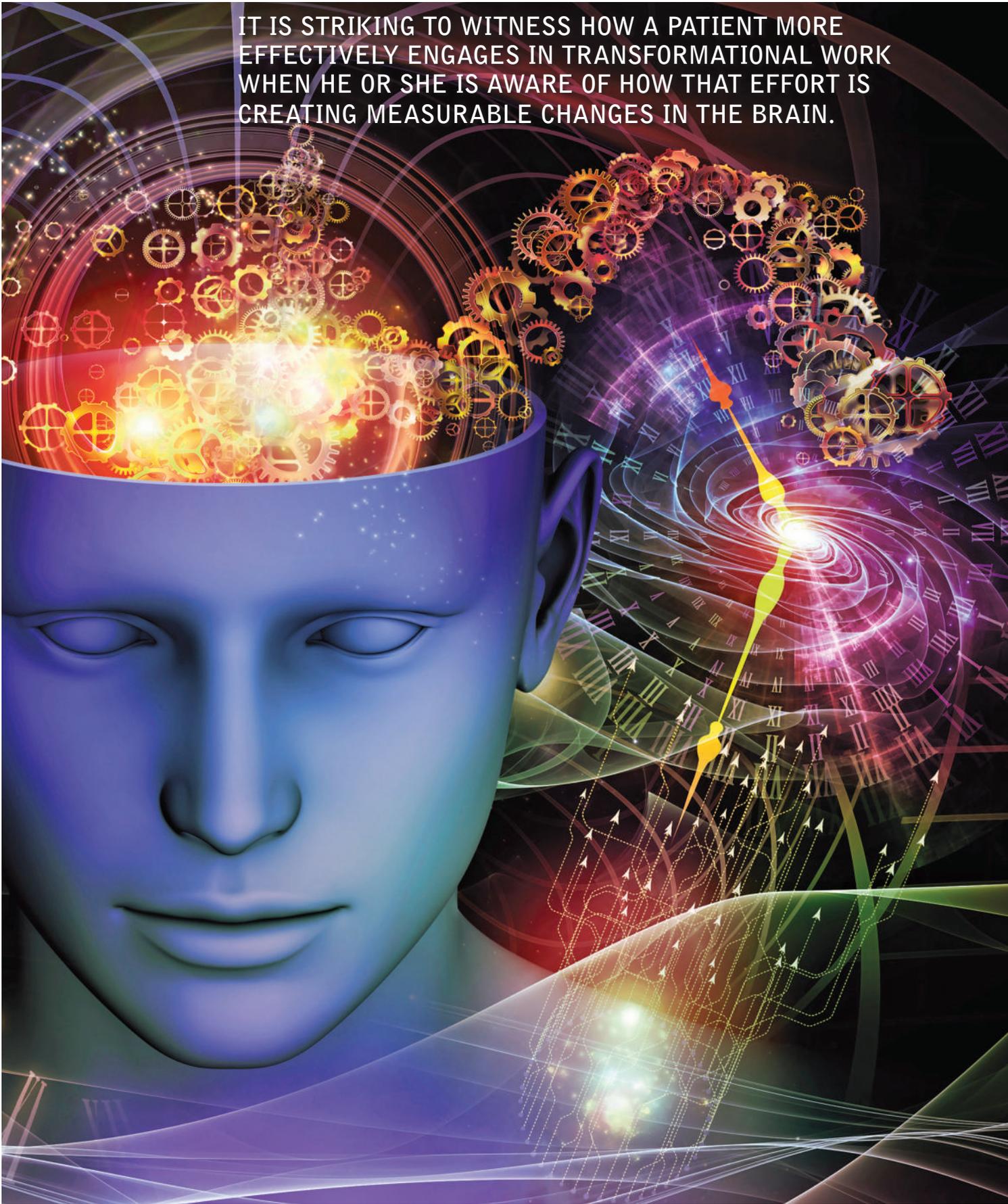
Over the past 15 years, there has been a major change in the role played by neuroscience and its associated disciplines, especially as applied to mental health issues. With the publication of *The Developing Mind* in 1999, physician Daniel Siegel ushered in the new field of interpersonal neurobiology (IPNB).¹ This was the start of what has grown into the *Norton Series on Interpersonal Neurobiology*, a library of more than 30

volumes dedicated to the study of the mind and human flourishing as viewed through the lens of IPNB. The collection of works is only part of the growing literature base connecting theory of mind, healing practices, and their neural circuitry correlates.

Clinicians worldwide have come to see the value of linking abstract, theoretical notions of human change to embodied transitions manifested, for example, in the concepts of neuroplasticity (the brain's ability to change and grow) and epigenetics (the study of genes). These transitions can now be measured using various technologies ranging from blood tests such as levels of cortisol, a needed stress hormone that benefits us in the short run, but that in too great a concentration for too long can also be poisonous to the hippocampus (helps manage short and long-term memory); or neuroimaging scans such as functional magnetic resonance (fMRI) that demonstrate positive neuroplastic changes in the hippocampus in the wake of meditative prayer. Interpersonal neurobiology

CURT THOMPSON

IT IS STRIKING TO WITNESS HOW A PATIENT MORE EFFECTIVELY ENGAGES IN TRANSFORMATIONAL WORK WHEN HE OR SHE IS AWARE OF HOW THAT EFFORT IS CREATING MEASURABLE CHANGES IN THE BRAIN.





demonstrates, for instance, that securely attached relationships lead to greater integration of the prefrontal cortex (i.e., healthier relationships lead to healthier brains, and vice versa).

In my book, *Anatomy of the Soul*, one of my goals was to draw people's attention to the deep connection between Christian spiritual formation and its practices (prayer, fasting, sharing the Eucharist, worship, confession, etc.), attachment research, psychotherapy, and real somatic changes that take place in the brain/body matrix.² Our tendency as humans is that whenever we can link theoretical ideas to embodied experience—real or imagined—we are more likely to practice those behaviors that lead to positive change. When a physical therapist shows her injured patient an anatomical chart or a 3-D model revealing which muscles are damaged and how the exercises she wants her patient to repeat will help heal those muscles, the patient is more likely to follow the therapist's instructions. In this same way, educating patients and assisting them to explore experientially the brain's functions and its connection—not only to therapeutic interventions, but also spiritual growth—provides tangible, helpful tools by which their relationship with God matures along with their general psychological health. It is striking to witness how a patient more effectively engages in transformational work when he or she is aware of how that effort is creating measurable changes in the brain.

The explosive growth in awareness of these interlocking domains of the mind's activity is something for which to be grateful—essentially we are discovering more of God's good creation, how it works and, as St. Paul articulates in Romans 1:20, how becoming familiar with it points us to God's nature and power. This information is also changing the landscape of what constitutes fundamental expectations for professional training requirements. It is not too much to imagine that within the next two decades, many professional disciplines related to mental health will require basic proficiency in the neurobiological correlates of human behavioral change. All of this is very good, very hopeful news. However, we must add to this an important caution—one very much germane to the conversation taking place around the dinner table about depression and the dark night of the soul.

We live in a world where there is a constant, albeit mostly subconscious, tension over which authoritative voice holds sway in the culture. As British theologian, Lesslie Newbigin, points out, the construction of society includes multiple “plausibility structures,” configurations of presuppositions and behaviors within a society that determine which beliefs are plausible and which ones are not.³ At this moment in time a dominant plausibility structure in our culture is that of reason, and the crowning sociological construction of reason is science, vis-à-vis that of revelation. One of the main features of a prevailing plausibility structure is that we do not necessarily know we are being shaped by it. We simply live with the tacit understanding that it is the obvious expression of reality, rather than one of many possible expressions of it.

Practically speaking, what this means is that science, and its unspoken way of understanding what is authoritative in the universe, has become the dominant lens through which we reflect upon the world. We do nary a thing without gathering

“data.” We vote, plan for church growth, and build airplanes on the back of some form of the scientific method. It would be difficult to read any substantive article in a daily paper, especially editorials, in which writers do not quote some form of “research” as the authority to which they appeal in order to persuade people to think and behave a certain way.

Furthermore, of all the sciences, neuroscience currently reigns as queen. One does not hear much about geology these days, unless the subject has to do with hydraulic fracking. However... neuroscience? Hardly a month goes by without *The New York Times* publishing an article about the role of the brain and... something. Of the 12 monthly issues of *Scientific American* published in 2012, four of them featured lead cover articles explicitly addressing subjects related to brain development. This example does not even include the issues of *Scientific American: MIND*, a separate bi-monthly periodical solely committed to all things having to do with the brain and behavior. There is no question that the star of neuroscience

We must be wise in our awareness of the beauty and the limitations of brain studies, which, like any science, can tell us the “how,” but not necessarily the “why” or “for what purpose” of behavior.

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Julie Woodley

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is still ascending and will likely be so for some time to come, and therein lies my pause.

Appealing to the authority of neuroscience has become fashionable in just about every realm of culture. It is the authority to which we turn in law, business, and education. In numerous studies, it has been demonstrated that the mere inclusion of an image of the brain in the presentation of data grants the data greater credibility.⁴ Somehow, if we can connect behavioral events to activity in the brain, we believe that explains it. This tendency pays homage to a reductionist view of the universe, which appeals to our desire for certainty in a world that, according to the biblical narrative, is less one of certainty as we humans long for and rather one of trust—not in abstract data, but in relationships... and relationships are never as certain as we would like.

We must be wise in our awareness of the beauty and the limitations of

brain studies, which, like any science, can tell us the “how,” but not necessarily the “why” or “for what purpose” of behavior. The moment we turn to the latest neuroimaging scan as the authority to “prove” our lives are changing because of prayer, we have, as Newbigin rightly asserts, subjected the authority of Jesus to the authority of the prevailing plausibility structure.

It is for this reason, ironically, that it is so important we as clinicians are well-informed about the amazing connections between neurobiology, relationships, and our lives in the body of Christ. If the world increasingly turns to neuroscience as the final judge of human behavior, we will be those to whom the world also turns as interpreters of this information... and we must be prepared to articulate its possibilities and limits. For every part of creation can only serve its Creator well when it does so within the bounds for which it was intended to operate. Consequently, I encourage all

my students that just as it is important for them to be rigorous in their study of interpersonal neurobiology, so also it is important, if not more so, to be rigorous theologians.

In circling back to the beginning of the article when 11 of us were enjoying our fish tacos, these constructs suddenly became quite relevant. As they all rightly asked, “Where do we go to understand who we are becoming?”... it was possible to explore with them helpful reflections from the world of neuroscience, while always bearing in mind the God who had created it was personally in the middle of their pain, bringing healing in the form of a relationship, and changing their brains along the way. We can afford to be no less mindful that God is in charge of neuroscience, and not the other way around. ✘



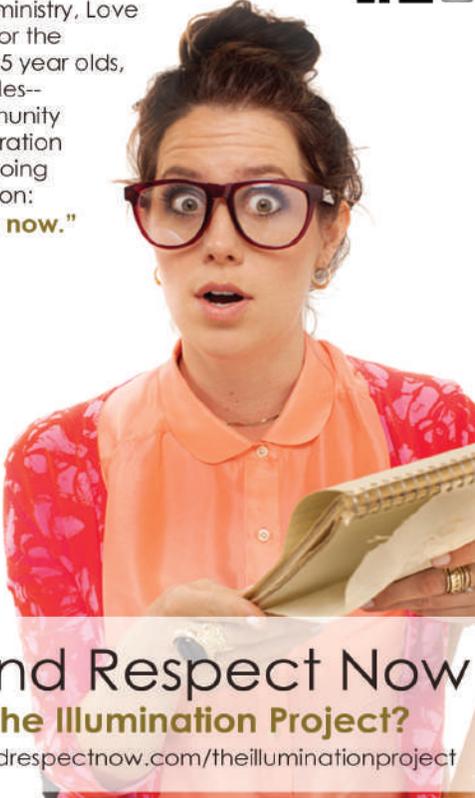
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Endnotes

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Joy Eggerichs is the director of Love and Respect Now-- a division of her parents' marriage ministry, Love and Respect. Fueled by a passion for the message and a desire to serve 18-35 year olds, Joy relays these relationship principles-- in a style that combines both community and humor--in hopes that her generation won't one day find themselves echoing the words of their parents' generation: **"If only I knew then what I know now."**



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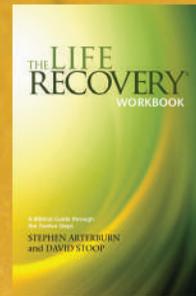
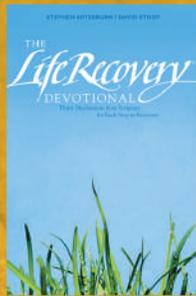
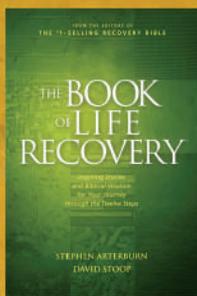
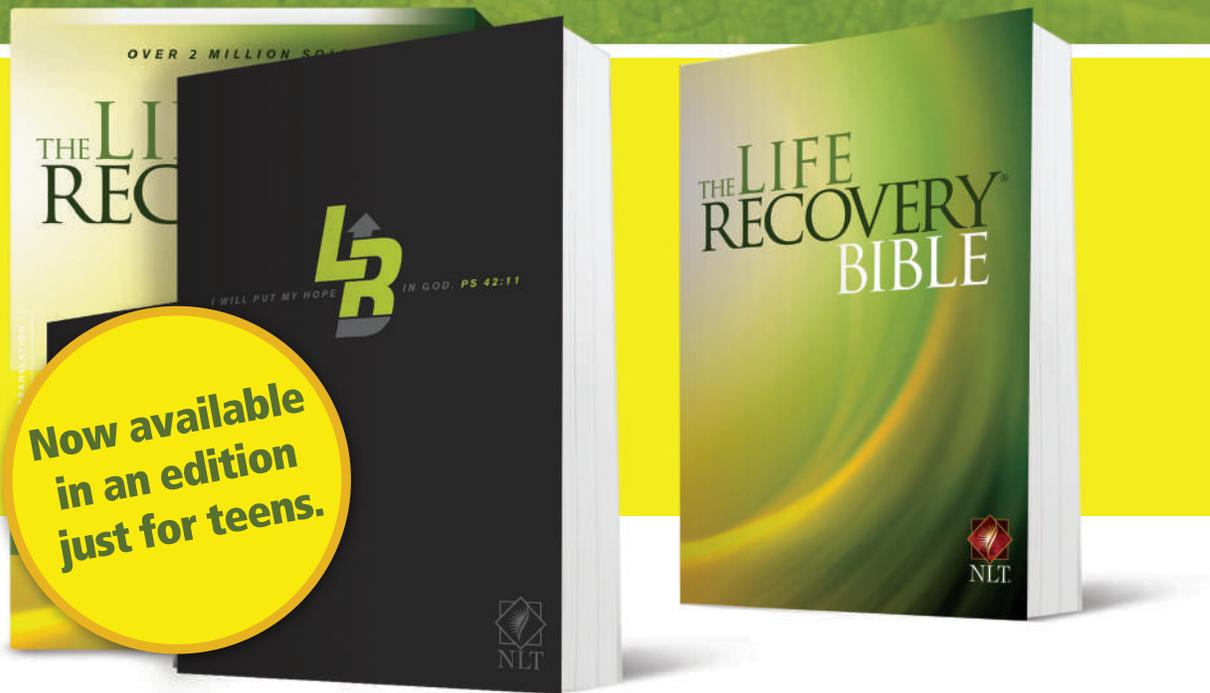
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Empty Compliments and Inflated Egos

It has been my privilege to write for this publication for the past several years. I have been highly honored by the editors for giving me a unique opportunity. I have also merited from my association with Dr. Tim Clinton and the American Association of Christian Counselors. I congratulate the staff and management of this marvelous organization and pray for them a future that will be greater than the past.

Now, what I have just written was a heartfelt compliment. I was sincere with my words, and the motivation of my heart was pure, BUT every compliment and act of generosity is not always as genuine as it may appear. Let me break it down for you.

A Passage Misunderstood

Be honest with me—in the past, when you have quoted Proverbs 23:7 to someone or, for that matter, yourself, I would guess, unless you have done a little research, you have used it as a lesson for another to get their thinking straight. Right? Wrong! This tricky bit of Scripture is referring to a person who may wish you success but, in fact, wants you to fail. It gives reference to a person who is stingy and jealous of another's prosperity. *“Do not eat the bread of a miser, Nor desire his delicacies; For as he thinks in his heart, so is he...”* (23:6-7, NKJV). In other words, that one who is filling your mind with glorious platitudes may really want for you just the opposite.

Let's keep being honest. Ladies... you mean to tell me you have never said to another woman, “Your hair looks beautiful,” when in your mind you were about to laugh out loud at her appearance? Now guys, can you look me in the eyes and say, “H.B., I promise you I have never wished another person the best, but inside hoped they would fail?”



Can you sincerely say to me that you have never been the victim of an empty compliment from acquaintances or competitors who proved to be talking out of both sides of their mouths? For a moment you felt really good, until you came to the realization that you were being used—a victim of empty words.

The Control Center

“As he thinks in his heart.” The heart is the control system of every person. It is from that control center that a person's true self is revealed. You knew that. Yet, the spirit of *hypocrisy is born in a selfish and evil heart.* Jeremiah would pen the words of the Lord, *“The heart is deceitful*

above all things, And desperately wicked... I, the Lord, search the heart...” (Jeremiah 17:9-10). In other words, God can spot a phony from a distance by just looking at the heart. And so it is that God wants for all of us to have a clean heart, but also an attitude that is unselfish and affirming of those we meet along the way. He wants from us a “heart-follow-thru” that reveals a character meeting His approval when He is the only one looking.

The Danger of Misguided Thinking

“So is he.” You know what he is. God knows what he is, and the writer of Proverbs makes it very clear. He pictures

a host as one who says to his guest, “Come on in, sit at the table, eat all you want, drink your fill,” but all the time he is counting the cost of his generosity. The man is stingy and trying to make himself look good, yet he is keeping track of everything.

Unfortunately, I can relate. I remember when our boys would invite their teenage friends over to the house and invade the kitchen. Me, trying to be a great dad and do all I could to look cool in the eyes of my sons would say, “Hey guys, come on in; whatever you find to eat help yourselves. Plenty of pop in the fridge. Warm up the leftover pizza. Help yourself to the cake.” All the while I was really thinking, “Don’t these guys have homes? Does it say London’s Restaurant over the front door?” I was acting sincere, but inside I was keeping score. My words were well-meaning, but my motivation was selfish. Ever been

there? We are all a product of what we think.

Beware of the Counterfeit

“His heart is not with you.” He speaks deceiving words. He is not interested in your success. In fact, he is most interested in what he can get from you. You are a tool in his hand to give him what he wants. He is a phony, a fraud, a user of people.

I know what you are thinking. You say if I don’t exaggerate sometimes, I might not have any friends. Not so. Honesty—genuine honesty—is always the best policy; and what good does it do to mislead someone with dishonest rhetoric? An old pastor said to me one time, “Just remember, you are not as good as some will say and not as bad as others will say. Stay true to your calling and be honest with yourself.” I found his advice helpful, but very difficult to practice.

Now, the last word. Because I have offered a new twist on this passage from Proverbs, you might ask, “What would your counsel be if a person had a tendency to act disingenuously?” I give you the same direction Jesus gave His disciples when He was describing the hypocrites, “Therefore do not be like them...” (Matthew 6:8).

Be blessed... and I really do mean that. ✝

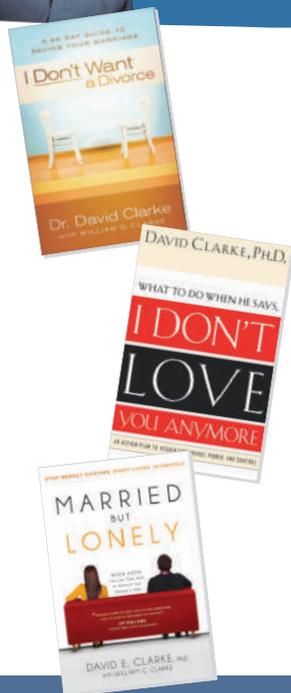


REV. H.B. LONDON, JR., D.D., has served 32 years in pastoral ministry—20 as Pastor to Pastors with Focus on the Family. H.B. and his wife, Beverley, are now “retired” and live in LaQuinta, California, where he will continue his ministry to the clergy through H.B. London Ministries (hblondon.org). Focus on the Family has conferred on H.B. the title of Pastor to Pastors Emeritus.



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Challenging the Culture by Having the Mind of Christ

“**H**aving *this* mind in you, which was also in Christ Jesus...” (Philippians 2:5).

These are familiar words and familiar words often lose their punch. This verse, in essence, means having a mind shaped in the same fashion as the mind of Christ—a mind governed by His priorities, thinking His thoughts, assessing every situation according to His ways and, therefore, sharing thoughts that are His. It means having *His* thoughts when I am under pressure, when I am at leisure, when I am in conflict, when I have been injured or accused. I daresay that if the light of God was shed into the hidden recesses of our minds, we would see many thoughts that would have no place in the mind of Christ. I suspect our minds are far fuller of our own ideas and deliberations rather than His. I also suspect we are unaware of the degree to which we are unlike Him in our thinking.

Take culture for example. You and I imbibe and inhale culture every day of our lives, from the time we are tiny until the day we die. It is truly the air we breathe. We absorb national, regional, urban, suburban, ethnic, faith, denominational, political, gender and popular culture all the time. It goes in mindlessly. We are anesthetized to it and so we absorb the inherent toxins without awareness or consideration of the consequences. We are unseeing; it feels familiar, like home, so therefore just seems “right.”

Over the last decade or so, I have been privileged to travel the world as I have done more international speaking and training. Part of that experience, of course, as most of you probably know, is that you go somewhere utterly unlike home and see things and think, “Wow, that is a different way to do family,



community, worship, time, grief, food or almost anything else you can think of.” In addition, you come back home and see your life and ways through a different lens. It creates a kind of self-awareness that was lacking. If you let it, some of the anesthesia is dispelled and wakes you up to your life and things you have done thoughtlessly, without reflection, just because it was what surrounded you and done by those you work, worship or live with. I have found that growing awareness to be a great, though sometimes unsettling, gift to me.

The mind of Jesus is a completely foreign culture for many of us. We are easily lulled into believing He thinks the way we do about doctrine, relationships, values, race, gender, success, money, sex, power, and a host of other concerns. How subtly we slide into absorbing our own culture and somehow believing what we think is the true and sanctified version. We must follow the One who said: “My kingdom is not of this world... you are not of this world, even as I am not of this world.” Jesus lived and died

"Think through me, thoughts of God,
My Father, quiet me,
Till in thy holy presence, hushed,
I think thy thoughts with thee."—AMY CARMICHAEL

in a particular culture. He went to the temple; He celebrated the Jewish holidays. I suspect He enjoyed doing so—they were, and are, rich traditions given by God. However, whenever that culture, even His religious culture, had morphed into something ungodly, He spoke out and did not follow. He discerned and named the toxins within that culture. Needless to say, such radical obedience to God over culture, comfort, and familiarity cost Him a great deal. He was obviously not anesthetized. He did not swallow the surrounding cultural thoughts whole. He had eyes to see.

Do we have eyes to see? Do we recognize the toxins in the place where we live and feel safe and comfortable? Are we awake? Have we grasped how upside down godliness looks when it is lived in this world—even in our particular Christian circles? Do we see that our ministry circles, political ideologies, denominational or ethnic groups can, if unexamined, lead us blindly into ungodliness? Or are we convinced we are right? Do we not see or smell the toxins? It is so easy to breathe the air around us and be blind to thoughts that look nothing like Christ's because we are so used to them and they are so common—they just

are and we assume they are right. It is, after all, what our family does, what our church does or what our circles say.

Oh, I pray that the body of our Lord, whose kingdom is not of this world, will, in fact, look like its head and may our minds and cultures be rooted in His kingdom and His kingdom alone. May the legacy of our work and our lives be a growing likeness to Jesus Christ, who is Himself searing light, dividing the subtle toxins from truth and the light from darkness. ✦

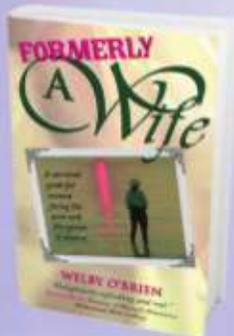


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Divorce, Grief and PTSD by Welby O'Brien

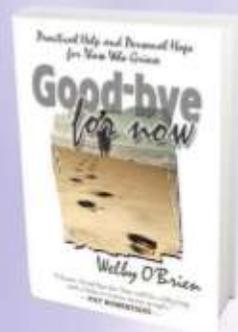
Formerly A Wife



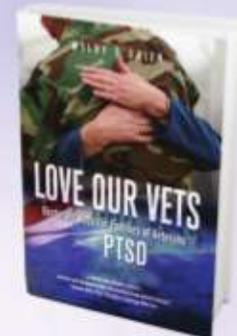
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It Takes a Lot of Faith to be an Atheist These Days

It seems that lately I have found myself in long and engaging conversations with representatives of the world's latest religion, "New Atheism."

New Atheism is the label for a rapidly growing cluster of modern atheist writers who believe that it is time to stop being polite to those who espouse religion—monotheistic or otherwise. Instead, they believe religion should be criticized, countered and condemned. It is a term commonly associated with individuals such as Richard Dawkins, Daniel Dennett, Sam Harris, and Christopher Hitchens (together called "the Four Horsemen" of New Atheism). Many of the books written by these individuals, such as Dawkins' *The God Delusion*, have risen to the top of bestseller lists.

I actually have a great deal of empathy for the New Atheist movement. Motivated, in part, by the events of September 11, 2001, many New Atheists laid the blame for this tragedy and the ensuing decade-long war at the feet of religious fundamentalism. Countless individuals under the influence of the "Four Horsemen" have friends who became caught up in these conflicts only to return home in a coffin or with mangled limbs or emotions. Fear that religious conflict may result in the detonation of the planet fuels the flames of many New Atheists.

I respect this very real concern. However, two things keep me from joining the ranks. First, I have experienced what I believe to be personal encounters with the Trinity. And, second, I simply lack the prerequisite faith to join the movement. Let me explain and try to relate all this to our issue theme, "Neurobiology, Spirituality and Relationships," and also to Santa Claus.

I recently had the privilege of being part of a retreat in Montana

that featured the teaching of evangelical author, Ken Boa. The second day was built around the theme of "Experiencing God in Nature." Ken presented a mesmerizing series of slides he calls, "Pointers in the Microcosm and Macrocosm."¹ At the heart of the presentation was the assumption that just as the beauty and design elements of the *Mona Lisa* point to Leonardo da Vinci, in the same manner, the created order leads to, and speaks of, its Artist.

A visual journey was orchestrated that involved examining what can be seen at enormously small and then large distances in meters using powers of 10. For example, an oak tree would be represented by 10^1 (being roughly 10 meters high); a child would be an example of 10^0 (being close to one meter in height); and a rabbit would be represented by 10^{-1} (standing in at about 1/10th of a meter).

Looking progressively at things smaller than a bunny, we encounter the intricate design of snowflakes (10^{-2}) and see that each is as individually unique as our fingerprints. Seen at 10^{-4} , pond scum is revealed as a kaleidoscope of intricate color and creativity and marine diatoms are found to resemble some of the most famous architectural designs, such as the Leaning Tower of Pisa, not to mention that 25 million of them can fit in a teaspoon of water.

Zooming in to 10^{-6} , we find micro-molecular, acid-powered motors that propel flagellum that moves bacteria around—complete with brushings, drive shafts and rotors. And at 10^{-8} , you have passed the threshold of life and entered the realm of DNA, a non-living substance encoded with the most densely packed, most elaborately detailed assembly of information in the known universe. A single DNA molecule is estimated to contain instructions that,

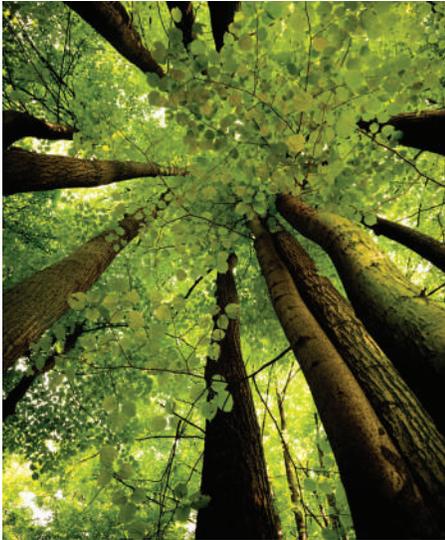
if written out, would fill a thousand, 600-page books.

If a person asked, "Who am I?," and the answer came back as a reading of his genome sequence at the rate of three bases per second, it would take the 40-hour work weeks of 132 years of reading to answer the question of personal identity.

Going even deeper into the physical world we see: within the electron cloud (10^{-12}); the realm of quarks, where normal rules of physics no longer apply (10^{-17}); neutrinos, or particles so small they can pass through matter undisturbed (10^{-24}); and then down within the realms of great conjecture and speculation, string and M-theories (10^{-35}). Yet, at every level of descent, we see beautiful artistry, spectacular engineering, and remarkable creativity.

If we then take the "elevator" up and out, we see works of art such as: 1) the iridescent blue-green brilliance of a male peacock's plumage displayed during courtship (10^0); 2) perfect living sculptures that defy gravity while capturing light's energy, clearing the air, and later decomposing to form soil (we call them trees and the power is 10^2); 3) the pallet of color known as the aurora borealis (10^6); 4) what Apollo astronaut, Buzz Aldrin, described as the "magnificent desolation" of the moon's environment (10^9); 5) and at 10^{11} , 62 million miles from earth, the relative comparison of the planets to the sun and each other comes into view.

As the vantage point continues to expand, we would be able to look down on the massive expanse of our Milky Way Galaxy—so large that it takes 100,000 years for a beam of light to travel across its diameter—and then realize that our galaxy is but a small, small piece of the 130 billion light-year-wide (and expanding) universe, decorated



with beautiful nebulae (10^{19}) that go by apt names such as “butterfly,” “blue lagoon,” and “heart and soul.”

As I watched Ken Boa’s inspiring presentation, I realized that I cannot muster the faith to believe that the functioning beauty of the universe within me, and of the universe that engulfs me, could come into being, *ex nihilo*, without the input of a designer who loves beauty and creativity. However, while I am willing to confess the lack of faith that prevents me from being a New Atheist, I do believe Christians should stop arguing close-minded positions—some of which are as out-of-step with reality as the Churches’ 17th century defense of the earth as the center of the universe—and start asking better and more engaging questions of New Atheists. Questions such as, “If it is true that every atom in existence today was once contained in one single inconceivably dense pinpoint of matter that then exploded into the universe, where did that matter come from?” Of course the New Atheist could counter with, but where did God come from? Nevertheless, at least we are now at equal positions of humility and must both confess our “faith” in something unexplainable.

Another question might be, “If 99% of all the atoms in my body are replaced every seven to 10 years, how is it that I am my body?” We could ask, “Why is there so much beauty at every level of

micro and macro vantage point of the universe and, while you are thinking, why is there universal appreciation of that beauty?” Or, “As we discover more and more about the amazing world of neurobiology, why is it that there is still no scientific explanation of how consciousness could arise from the unexplained building block of ‘uncreated’ matter?”

I remember being a child and enjoying, for a wonderful season, the magic and mystery of believing in Santa Claus. Then one day, while standing in the cafeteria line at my elementary school, Chris Harper made fun of my belief in Santa. To make matters worse, he did so just as concrete operations were already knocking on the door of my cognitive development and trying to rob me of the joys that came with preoperational thinking. However, I was stubborn and held on for at least two more years. While I had to concede that one Santa could not logically supply the toy needs of all of the children on the planet, I reasoned, during my first year of doubt, that it must be that every country had its own Santa. The next year I had expanded the compromise position to believe that each town had a Santa. But alas, I lost the battle with my developmental stages and concrete operations won the day. Years later, well into formal operations thinking, while carefully

laying out Christmas for two daughters, I re-realized the deeper beauty and joy of Christmas and the early stories took on new, expanded, and real dimensions.

Am I equating a belief in Santa to belief in God? No... not at all! But I would like to suggest to New Atheists that the new brand of fundamentalism they are espousing is perhaps somewhat analogous to the “friend” who told me there was no Santa, before he, himself, had reached a later and more comprehensive stage of cognitive development.

New Atheists truly believe that they have reached a superior stage of cognitive complexity, one that renders belief in God to be primitive, magical, and immature. “Grow up from your silliness,” is the message, “and face the reality of a new and more complex stage of understanding.” Yet, what if theirs is the equivalent of concrete operations, with there being at least one more progressive stage yet to come? What if the amazing discoveries of astronomy and neurobiology are taking us closer to, and not further away from, a theocentric view of reality... a view that points to the Artist behind the beauty and the miracle of consciousness within the amazing personal power packs we call body and brain?

The New Atheists are right. Religious fundamentalists need to grow up before it is too late. And so, I believe, do they. ✠



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Endnote

¹ <http://www.kenboa.org/reflections>.

Accurately Perceiving Psychosis

The term psychosis is broadly used to describe patients who are exhibiting symptoms of gross disorganization, hallucinations and delusions. Hallucinations involve perceptual distortions that may be auditory, visual, tactile or olfactory. Delusions are beliefs not necessarily based in reality and may be paranoid, nihilistic or focused on control. In addition, psychotic patients can exhibit emotional/behavioral symptoms such as poverty of speech, affective blunting (emotions that are shut down), anhedonia (the inability to experience pleasure), apathy, catatonia (motor immobility and stupor) and ambivalence, as well as cognitive defects (poor attention, abstraction, working memory and disorganization of thoughts and behaviors). Hallucinations and delusions are referred to as “positive symptoms” (psychotic behaviors not seen in healthy people), while the emotional/behavioral/cognitive indicators are termed as less severe “negative symptoms” (disruptions to normal emotion and behavior, such as a flat affect, lack of pleasure in everyday life, speaking little, neglect of personal hygiene, etc.).

Psychotic symptoms can be seen in a wide spectrum of clinical syndromes. Bipolar disorder, schizophrenia, and major depression with psychotic features are diagnostic examples that may have psychosis as a symptom. Recreational drug intoxication (hallucinogens) or drug withdrawal (alcohol, opiates, sedative/hypnotics) can produce psychotic reactions. A number of medical illnesses can also produce psychotic symptoms. Thyroid/adrenal dysfunctions, copper/calcium/sodium imbalances, strokes, seizure disorders, lupus cerebritis, central nervous system infections and traumatic brain injuries are examples of medical causation. Side effects of medications,



especially steroids, should always be considered.

The biology of schizophrenic psychosis is complicated and seems to involve a combination of genetic predispositions, developmental errors in

neuronal development (e.g., nerve migration and synaptic connection), environmental impact, and neurotransmitter imbalances.¹ Genetic studies of schizophrenics and their families suggest a significant genetic role that is still

not fully understood. If both parents are schizophrenic, children have a 40% rate of schizophrenia, compared to a 1% rate in the general population. Identical twins have a 40-50% rate of both having schizophrenia compared to fraternal twin rates of 10%. Neurodevelopmental theories postulate that genetic or environmental influences (malnutrition, toxins) as early as in utero can cause the brain to anatomically develop abnormally with nerves being placed in the wrong places (migration) or connecting synapses improperly during childhood and adolescence. During the late teens or early adulthood, the defects become obvious when the system has to deal with greater complexity in life and lacks the brain's ability (plasticity) to do so. It is akin to a car with a bad transmission—it runs well while in park, but there are obvious problems when it is driven.

Neurotransmitter dynamics revolve around the interactions of dopamine, serotonin and glutamate. Dopamine systems influence various functions by impacting different anatomical areas of the brain. Mesolimbic dopamine pathways originate in the brainstem and project to the limbic areas of the brain, influencing emotional behaviors, pleasure and perceptions. Excessive dopamine activity in this system is postulated to contribute to hallucinations and delusions. Conventional antipsychotic medications block excessive dopamine here, reducing the positive symptoms noted above.² Mesocortical dopamine pathways also start in the brainstem, project to the frontal cortex and influence cognition and executive control of mood and behavior. Due to the important role dopamine plays in regulating the brain's reward and pleasure systems, decreases in the level of this neurotransmitter may explain the negative symptoms of psychosis. There are receptors for serotonin (5-HT_{2A}) on dopamine neurons, especially in the mesocortical system. Stimulating these receptors with serotonin actually

reduces the activity of dopamine and, consequently, worsens negative symptoms in the mesocortical system. Antagonizing or blocking these receptors will strategically enhance dopamine in the mesocortical system and decrease negative symptoms, thereby promoting more balanced thinking and emotions. Atypical (second generation) antipsychotics block dopamine in the mesolimbic system, like conventional medications, but also block the 5-HT_{2A} receptors in the mesocortical system with a resultant improvement in negative symptoms.

Glutamate is an excitatory neurotransmitter in the brain. Think of it as a "rooting compound" that stimulates new plants to send out more roots. In the brain, glutamate stimulates glutamate receptors (called NMDA) and results in more synaptic development as early as in utero. Too much glutamate

activity can excite a nerve to death, as too much rooting compound/fertilizer will burn a plant. Insufficient glutamate can impair neuronal development and may be a factor in the neurodevelopmental theories of schizophrenia. This is a current area of extensive research. ✖



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The Evolving Insanity Defense



Americans are all too familiar with media reports about the use of the insanity defense by alleged perpetrators of highly publicized criminal acts. For example, James Holmes, accused of opening fire at an Aurora, Colorado, movie theater in July 2012, in which 12 people were killed and 70 were injured, recently plead not guilty by reason of insanity (NGRI) in his criminal case.

Generally, a defendant must have a criminal intent to act in order to be held accountable for most crimes. The legal concept of linking the presence of a criminal act with the presence of a guilty mind dates back to the 13th century when, according to the American Academy of Psychiatry and Law, “the moral wrongfulness of Christian law was merged into English common law.”¹ Today, most U.S. jurisdictions have an insanity defense, thus allowing a defendant to escape criminal responsibility for a crime if he or she lacked the requisite capacity for criminal intent to commit the crime.

Pleading NGRI can be risky. Information from sanity evaluations has been used in some criminal cases to argue

for the death penalty after a defendant’s insanity defense fails. The public tends to view the insanity defense with suspicion, imagining that defendants feign mental illness to escape criminal responsibility.² Jurors often appear to rely on their own cognitive constructs and attitudes toward insanity rather than legal instructions provided to them by the court.³ Most Americans may not realize that U.S. trials in which defendants plead NGRI reportedly represent only 1% of all criminal cases, and such defendants are successful approximately 25% of the time.⁴

The Insanity Defense: An Evolving Legal Concept

Pleading NGRI requires that a defendant establish insanity as defined by law in the relevant jurisdiction. Legal standards vary by jurisdiction and have evolved over time. Key insanity defense tests that have been influential in developing U.S. law include:

- **The M’Naghten Rule.** This rule resulted from an 1843 English case and essentially requires a defect in reason caused by a disease of the mind (mental illness), which impairs a person’s ability to know the nature

and quality of the act he was doing; or if he did know it, that he did not know he was doing what was wrong.”⁵

- **The Durham Rule.** This test dates back to the 1950s and provides that a defendant is not criminally responsible if his or her unlawful act was the product of a mental disease or defect.⁶

- **The American Law Institute (ALI) Rule.** This test, notably utilized in the 1972 case of *U.S. v. Brawner* by the D.C. Circuit U.S. Court of Appeals, includes both cognitive and volitional elements. It provides that “a person is not responsible for criminal conduct if at the time of such conduct, as a result of a mental disease or defect, he lacks substantial capacity either to appreciate the criminality (wrongfulness) of his or her conduct or to conform the conduct to the requirements of the law.”⁷

- **The Insanity Defense Reform Act of 1984.** Following public backlash after the successful plea of NGRI by John Hinckley in his trial relating to his assassination attempt against President Ronald Reagan, Congress passed the Insanity Defense Reform Act of 1984 (IDRA). The IDRA essentially discarded the ALI Rule in federal courts in favor of a test that more closely resembles the M’Naghten Rule. Only defendants suffering from *severe* mental illness, and who are unable to appreciate the nature and quality or the wrongfulness of their acts, can succeed in their insanity defense plea. Mental disease, or defect, does not otherwise constitute a defense.⁸ Finally, the IDRA shifts the burden of proof relating to insanity from the prosecution to the defense.

In 2010, more than half of U.S. jurisdictions reportedly had an insanity defense that exclusively focused on cognitive behavior, and approximately 20 jurisdictions had insanity defenses that include both cognitive and volitional test considerations.⁹ Idaho, Kansas, Montana and Utah have abolished the insanity defense.

The Role of the Forensic Psychologist and Psychiatrist

Forensic psychologists and psychiatrists must have appropriate clinical and forensic credentials as required by the relevant court system. Typically, they are retained by the defendant's attorney, the prosecutor or a judge to provide sanity evaluations in criminal trials. The focus of a mental evaluation is on the defendant's thinking, emotional state and/or neurological functioning at the time of the criminal offense. Evaluators must be cognizant of the unique ethical issues relevant to mental evaluations (e.g., confidentiality parameters, informed consent issues and therapeutic/forensic role conflict).

Evaluators, generally, have wide discretion in how they conduct insanity defense evaluations. Two clinical tests that are used to evaluate a defendant's mental competence are the Slobogin Mental Screening Evaluation and the Rogers Criminal Responsibility Assessment Scales.¹⁰ Generally, an evaluator's forensic opinion: (1) "determines the mental disease or defect; (2) clarifies the relationship between the mental disease or defect and the criminal behavior; and (3) assesses whether the mental state meets jurisdictional requirements for the insanity defense."¹¹

Brain imagery can supplement an evaluator's clinical evaluation. Brain imaging remains a rapidly expanding area of scientific research, and legal and mental health experts debate the accuracy and usefulness of neuroimaging evidence. Regardless, some recent studies have shown that juries have found such evidence to be very persuasive.¹² ❖

The information is current as of the date it is written. This article is provided solely for general educational purposes and does not constitute legal advice between an attorney and a client. The law varies in different jurisdictions. Consultation with an attorney is recommended if you desire legal advice.



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Boundaries for Leaders: How Great Leaders are Hardwired

When I set out to write a book on leadership performance, I did not know it would become *Boundaries for Leaders*. However, as I delved into the neuroscience of leadership to research what the brain people were saying about great performers, it surprised me to find they were essentially confirming what literature had already revealed about the orientation and skill set of great leaders across several domains. Interestingly, many of these factors relate in some way to the important boundaries all effective leaders must routinely set.

When you think about it, most leaders basically do the same things in a very real way. Whether the CEO of a big company, a pastor, a team leader, or a mom facilitating a group of kids to get to school on time, they all incorporate key principles: Leaders begin with a vision—a desired outcome—they engage the talent to do it, execute some sort of plan, monitor how it is going and hold people accountable, and fix what they find and keep moving on.

So... if the approach is similar in many respects, a question arises: Why do some leaders get great results and others do not? Neuroscience offers a window into this reality. The answer is: *They lead in ways that people's brains can more readily follow.* Great leaders, research shows, lead in a manner where people function more efficiently from a neurological perspective. They create needed focus, as well as a culture whereby people can be biochemically, neurologically and psychologically well-fueled for performance.

Competent leaders accomplish this task by establishing seven distinct boundaries:



- They create boundaries of “executable attention” by instituting the boundaries of focus. Their followers *attend* to what is relevant, *inhibit* what is not relevant, and create an ongoing path of “*working memory*” so their brains do not get lost or confused along the way. These boundaries of focus align with the executive functions of the brain and are key to any kind of attainment for goal-oriented behavior. Great leaders keep people focused and minimize distraction from what is essential to the organizational vision.

- They create boundaries that generate an emotional climate and make people’s brains function at their highest levels. Toxicity within the corporate environment is avoided by setting strong

boundaries that limit hurtful behavior and encourage positive climates.

- They create relational connections that stimulate positive brain chemistry and energy through organizational structures and experiences that drive connectedness and limit compartmentalization.

- They are the stewards of the thinking patterns that dominate the culture and work teams. Positive thinking patterns fuel performance and keep a negative, powerless, and helpless mindset from taking root in teams and cultures. They limit negativity, victim thinking, and pessimism by rooting out learned helplessness.

- They set boundaries for roles and responsibilities which, in turn,

help their people and organizations clearly define what they have control of that drives results. Stakeholders are empowered to manage those processes and let go of everything else they cannot control. They draw clear lines from behavior to results.

- They create high performance teams by defining core values that motivate specific behaviors to produce desired results. Teams are organized around those structures.

- They are diligent about self-leadership and personal responsibility, setting key boundaries on themselves to ensure the best performance.

One of the mantras I repeat over and over to leaders is that they are “ridiculously in charge” of these particular boundaries. These seven boundaries will help initiate the specific results they often desire in their culture and teams. The awakening I want them to experience centers around

two words: *create* and *allow*.

In other words, whatever results are being produced in their people, teams or culture, leaders are either “creating” the conditions for those results or, if they are not creating them, at least “allowing” them to exist. When leaders function in this way, it empowers them to take greater ownership of the results and move away from the powerless feeling that difficult circumstances sometimes produce. They must often work in tough environments with hard-hitting realities.

Nevertheless, whatever those realities are, leaders who are known for their excellence always set focused attention, create positive emotional environments and connection, limit negativity, define areas of control and empower people to execute them, build team values that drive results, and set boundaries with themselves. Each of these dynamics is in control of the leader, and very doable. They are backed by the leadership

research, as well as Scripture, for God encourages us in these same principles throughout His Word: Be diligent on purpose, be kind and encouraging, develop unity, think well, empower freedom to express gifts while holding people accountable, build strong groups of giftedness, and exhibit self-control. These seven “boundaries for leaders” can provide results and spiritual alignment.

Turns out that neuroscience, research, and the Bible all agree. Makes you think that the One who designed the brain had a plan from the beginning. ✕



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Relationships, and Being Ridiculously in Charge (Harper, 2013).



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Neurobiology, Spirituality and Relationships

Spiritual Transcendence

Johnstone, B., Bodling, A., Cohen, D., Christ, S.E. & Wegrzyn, A. (2012). Right Parietal Lobe-related "Selflessness" as the Neuropsychological Basis of Spiritual Transcendence. *International Journal for the Psychology of Religion*, 22, 267-284.

Brick Johnstone and his colleagues attempted to replicate prior research suggesting that a region of the right parietal lobe is related to spiritual-religious experiences. The idea under investigation in this study is that decreased focus on self (or selflessness) is associated with the right parietal lobe and that this is the main neuropsychological source for what is commonly referred to as spiritual "transcendence."

The research team collected data from 20 outpatients with traumatic brain injuries (TBI) who had been referred for a neuropsychological evaluation. The sample demonstrated average intelligence, and it was reported that none of their injuries were acute. However, most reported losing consciousness and 40% or more indicated retrograde amnesia (and 65% or more anterograde amnesia) associated with their TBI. Each participant then completed neuropsychological tests and measures of spiritual experience.

The results support prior research in which "one spiritual dimension (i.e., transcendence) is primarily related to one specific neuropsychological process (i.e., selflessness) that is associated with one specific cerebral structure (i.e., [right parietal lobe])" (p. 277). The authors also wanted to look at whether other measures of transcendence would show an association with the right parietal lobe. This was partially supported and may have to do with specific items on the other measures that may not address selflessness in the same way,



but instead focus on more existential matters, such as one's life corresponding with a divine plan.

The authors conclude that right-parietal lobe selflessness "appears to provide the neuropsychological foundation for transcendent experience as individuals who achieve the highest levels of transcendent states (with an associated decrease in [right-parietal lobe] activation) have generally described a lack of sense of the self, the lack of experience of the self-other dichotomy, and a universal connectedness" (p. 279). Although a topic for further discussion and reflection, as well as research, the authors identify less focus on time, space and relationships as characteristic of selflessness.

Religion and Prosocial Behavior

Sasaki, J.Y., Kim, H.S., Mojaverian, T., Kelly, L.D.S., Park, I.Y. & Janusonis, S. (2011). Religion Priming Differentially Increases Prosocial Behavior among Variants of the Dopamine D4 Receptor (DRD4) Gene. *Social Cognition and Affective Neuroscience*. Doi: 10.1093/scan/nss089.

Joni Sasaki and her colleagues at University of California in Santa Barbara conducted a study of the relationship between religion and prosocial behavior. One hundred and seventy-eight undergraduate students participated in this study (106 females; 68 males; 4 unknown). Most were European American (n = 109), while the remaining were Asian American (n = 69). Participants

were given a string of words that either primed them to religion or were neutral. The researchers also measured prosocial behavior by whether participants in the study were willing to volunteer in groups on campus for various prosocial causes (e.g., environmental care). Participants also completed a measure of trait religiosity and gave a saliva sample for DNA extraction and genotyping (examining genetic differences).

The dopamine D4 receptor (DRD4) gene mediates cortical dopamine neurotransmission. The results from this study suggest that DRD4 “interacts with religion to impact prosocial behavior” (p. 4). Priming for religion does appear to impact prosocial behavior; however, not everyone is equally inclined toward prosocial behavior. These findings are consistent with prior research, which suggests that people who have DRD4 “susceptibility variants” (variations in the dopamine D4 receptor gene) may not be as inclined toward prosocial behavior without some priming or social pressure.

The authors note that some people “may be motivated to act prosocially because the act itself makes them feel good,” while others “may engage in prosocial behavior because they feel pressured to do so” (p. 5). They consider if differences may reflect “genetic variants” that predispose a person toward more or less prosocial behavior for different reasons. These findings are somewhat controversial and certainly open for further research and discussion.

What Sleeping Babies Hear

Graham, A.M., Fisher, P.A. & Pfeifer, J.H. (2013). What Sleeping Babies Hear: A Functional MRI Study of Interparental Conflict and Infants' Emotion Processing. *Psychological Science*, 24 (5), 782-789.

Alice Graham and her colleagues conducted a study of infants' processing of interparental conflict. Participants in the study were recruited through public postings at human services agencies and other advertising. Twenty-four infants,

ranging in age from six to 12 months, and their biological parents completed the study, which included gathering data from an auditory functional magnetic resonance imaging (fMRI; a measure of brain activity) on the infants. Twenty infants had usable fMRI data, and what the researchers were looking at was the neural responses of infants to non-physical interparental conflict. The conflict was based on different emotional tones used by the parents while their infants slept. Parents used previously-studied nonsense strings of words which had “phonological and grammatical properties of English” (p. 783). The parental exchanges were various emotional conditions: very angry, mildly angry, neutral, and happy.

Previous research has suggested that infants process more severe environmental stress. The findings from this study suggest that brain functioning among infants (six to 12 months of age) is responsive to *moderate* environmental stress. Infants did have more neural

responses to very angry compared to neutral speech across the specific regions of the brain, including the caudate, thalamus, and hypothalamus.

The authors note that future research could examine very happy (rather than just happy) exchanges to determine if the strength of the emotional state is what is particularly important. In the meantime, infants do appear to process the emotional speech of others while they sleep.

Caregiver Singing

Hammar, L.M., Emami, A., Engström, G. & Götell, E. (2010). Communicating through Caregiver Singing during Morning Care Situations in Dementia Care. *Scandinavian Journal of Caring Sciences*. Doi:10.1111/j.1471-6712.2010.00806.x.

Lena Hammar and colleagues conducted an interesting study of verbal and nonverbal communication between people with dementia and their caregivers. The researchers studied differences



in how people with dementia and caregivers relate when caregivers sing for, or with, the person with dementia during various caregiving exchanges. Six female caregivers participated in the study. Each worked at one of the nursing homes where the people with dementia lived, and experience ranged from 2.5 years to 30 years.

Each caregiver received training in music therapeutic caregiving or were taught by the first author. These trainings/teachings covered theory, the relationship between music and health, and the use of body movement in singing. Data was collected and analyzed on the sequence of “dressing the upper body” because of the degree to which both verbal and nonverbal communication was commonly used.

The normal or ordinary caregiving routine involved providing verbal instructions when getting dressed. Non-

verbal instruction was also common (e.g., showing the person with dementia the outfit he/she would wear). The observations were that there was little interaction and eye contact between the caregivers and people with dementia during the normal caregiving routine that included getting dressed. Responses to the caregiver varied, but included aggressive, resistant, disruptive and confused responses.

In contrast, data from caregiving situations with music therapeutic caregiving suggested that caregivers were more likely to invite the person with dementia to join or participate in their communication; they showed more interest in the person with dementia, including greater eye contact; and they seemed more relaxed. The use of music therapeutic caregiving seemed to elicit more activity and communication from both the caregiver and the person with dementia.

Although more research needs to be conducted in this area, it was a fascinating initial glimpse into a way of providing caregiving that could facilitate a more positive experience for caregivers and patients alike.

Infant Facial Recognition

Nishitani, S., Doi, H., Koyama, A. & Shinohara, K. (2011). Differential Prefrontal Response to Infant Facial Emotions in Mothers Compared with Non-mothers. *Neuroscience Research*, 70, 183-188.

This is a study comparing how mothers and non-mothers respond to infant facial emotions. The researchers compared the responses of 14 mothers and 14 non-mothers (matched by age) to various facial expressions (angry, sad, fearful, surprised, and neutral) of both unfamiliar infants and unfamiliar adults.

The interesting finding here was that mothers had a different response in their right prefrontal cortex as compared to non-mothers when looking at unfamiliar infants. There were no differences between mothers and non-mothers in the prefrontal cortex in response to unfamiliar adult facial/emotional expressions. The researchers interpret these findings as suggesting that “brain activity is modulated when a person becomes a mother” (p. 185). In other words, for those women who become mothers, brain activity may adapt or adjust to include discriminating infant facial emotions. ✦



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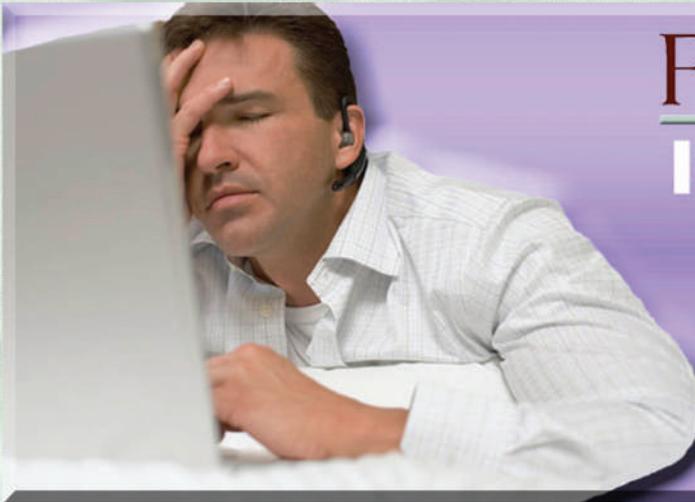
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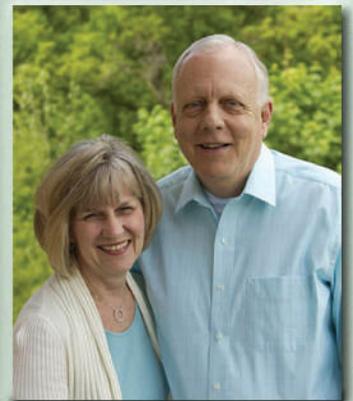
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Created to Connect: How God Designed You...

– Todd W. Hall

1. The language used in protoconversation is
- a. body language
 - b. inflection and sound
 - c. emotions
 - d. sign language

Executive Functions and Spiritual Growth – Gary Sibcy

2. When people cannot tolerate emotional discomfort they
- a. resort to tension reduction behaviors
 - b. always shut down emotionally
 - c. become codependent with others
 - d. incur executive function

Fearfully and Wonderfully Made... – G. Todd Vance

3. Concerning religiosity, Vance contends
- a. there is a God gene
 - b. genetic factors seem to predispose one to it
 - c. environmental factors influence its expression
 - d. b and c

His Brain, Her Brain... – Walt Larimore

4. _____ compels a woman to find others to talk with concerning
- a. her nurturing nature
 - b. the hormone, oxytocin
 - c. feelings of self doubt
 - d. the hormone, estrogen

Changing the Culture by Having the Mind...

– Diane Langberg

5. Langberg's growing awareness of her absorbed cultural toxins has
- a. made her cling to her own culture more
 - b. become a sometimes unsettling gift to her
 - c. become a source of great pride in her life
 - d. all of the above

Mindfulness and the Brain: How to Change Your Life –

Mark Myers

6. Being present in a non-judgmental or non-reactive way
- a. enhances the regulatory processes of emotion
 - b. creates a self-hypnotic state
 - c. effectively lowers blood sugar and cholesterol
 - d. is merely a new age practice

Neurobiology 101: The Science of the Brain – Daniel Amen

7. The author coined the term "Brain Reserve" to refer to
- a. the condition of the brain at rest
 - b. purposely reserving brain power for important projects
 - c. the extra cushion of neurological functioning for stress
 - d. disengaging the brain to conserve cognitive energy

The Influence of Faith on Mental Health...

– Harold G. Koenig

8. If unmarried couples who separate were included in statistics,
- a. Christians would score less likely to divorce or separate
 - b. Christians would score more likely to divorce or separate
 - c. the rates would basically remain unchanged
 - d. the rates would fluctuate from year to year

The Mind, Faith and Interpersonal Neurobiology

– Curt Thompson

9. Appealing to the authority of neuroscience
- a. has become fashionable in our culture
 - b. adds credibility to presentations
 - c. subjects Jesus to its authority if used in prayer studies
 - d. all of the above

The Neurobiology of Trauma... – Eric Scalise

10. To adequately address childhood trauma
- a. the *DSM-5* added the DTD classification
 - b. group therapy is recommended
 - c. psychotropic intervention is necessary
 - d. the *DSM-5* redefined the PTSD category

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Participants will:

1. Increase awareness and content expertise on current trends in mental health practice.
2. Be able to articulate a more comprehensive understanding of this issue's core theme.
3. Be able to integrate spirituality and faith-based constructs into the delivery of care.

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2. _____ The articles in this issue are comprehensive and well written.
3. _____ I would recommend this home-study program to other professionals.

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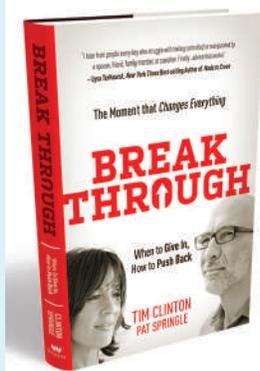
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The Best is Yet to Come

This ain't your daddy's Oldsmobile. It's the age-old mantra of progress. We have come a long way from Henry Ford's "Model T." These days, cars have advanced navigation systems, rear view cameras, hybrid motors... even automatic parallel parking. However, it's not just the automobile industry. The winds of change are blowing—in culture... in churches... and in Christian counseling and mental healthcare.

Thankfully, we have also come a long way from frontal lobotomies, crude restraints, and dirty psychiatric asylums. Mental health issues, which have been comprehensively studied for decades, constitute legitimate disorders and must be taken seriously in Christian settings, rather than being reduced solely to "spiritual" concerns. We have a better grasp on the power of relationships and how this dynamic can change one's neurobiology and heal the brain. Advanced research-based interventions are being developed for many previously untreatable disorders, while carefully titrated psychiatric medications have been found to enhance psychotherapy outcomes.

Yet, at the end of the day, no matter how many "bells and whistles" a car has, it still exists for one purpose—to transport people from place to place. The same argument can also be made with the counseling profession. As our field becomes more advanced and innovative by the day, we must not lose sight of our ultimate purpose and mission as Christian counselors: leading the broken and hurting to personal freedom, emotional healing, and a deeper intimacy with their Creator God—not to be simply transported, but to be *transformed* into the same image from glory to glory (2 Corinthians 3:18).

We now understand much more about the "how" of counseling, but that does not necessarily change the "why."

We must never forget the "why," for if we lose our compass and sense of direction, we will lose our power, voice, and influence. It is far too easy to become enamored with the psychological elements of emotion and behavior or the process of counseling and, in doing so, lose sight of the person. We risk forgetting the presence and power of God at work in and through us, only to reduce counseling to a science, becoming overly confident in ourselves and our abilities, rather than remembering that we are partnering with our Savior for the transformation of the soul.

Technology is a gift... a tool to be stewarded for the care of God's people, but we are all susceptible to the seduction of a growing independence from Him. Progress is a good thing, yet we must guard our hearts against the "slow fade" away from the foundation of God's Word.

Time and again throughout the Old Testament, we hear the same sad story: "They abandoned the temple of the Lord, their ancestors' God, and

worshipped sacred poles and idols..." (2 Chronicles 24:18). God's heart breaks for His wayward people: "When I fed them, they were satisfied; when they were satisfied, they became proud; then they forgot me" (Hosea 13:6). No one is immune. It happened to the children of Israel, even among those who had seen God work miracles before their eyes. Ultimately, it all comes down to one statement: They did (or did not) obey and follow the Lord. The choice is up to us.

What's at stake for us? The answer is, our future, not only as a profession, but also as a culture—the future of our clients and the destiny of our nation. God's Word is clear that sinful influences can be passed down from one generation to another, and the picture is pretty dismal when you look at our culture today. Still, God promises "steadfast love to thousands of those who love me and keep my commandments" (Exodus 20:6).

In the year 2050, how will we be remembered? What kind of legacy will



we leave? Will we be the generation that fumbles and drops the ball? Will we cast off our biblical roots? Lose sight of God's kingdom in pursuit of the American Dream? Or will we remember the goodness, grace and faithfulness of God? Will we press in to know Him more every day, yielding to His transforming grace... as individuals, families, churches and communities? Will we reach out to love and serve "the least of these?"

Thankfully, God does not change with cultural fads or whatever happens to be trending at any given moment. He is not bound by the decisions made on Capitol Hill. His kingdom is advancing, and He calls us to join Him in the work He is doing... around the world and in our own counseling offices, especially *if we see Him, if we truly know and follow Him... not merely chase after a feel-good religious "idea."*

Looking at psychology's influence over the past few centuries, author, counselor and professor emeritus, J. Jeffries McWhirter, writes, "My concept of God (and other religious beliefs dealing with concepts of truth, tolerance, existence, authority, and so forth) worked quite well for me in the third grade. It (and they) do not work now as a middle-aged (or young-old) adult. And yet, my colleagues and graduates describe their vision of God in what sounds like third-grade concepts. No

wonder so many of us have given up the religion of our youth, or live compartmental lives, or explore alternative belief/faith systems...."

Perhaps, in some ways, McWhirter is right. Perhaps this is the epidemic in modern-day Christianity leading countless young people to lose faith in the Church. To really survive and grow, our faith should encompass more than an abstract theology... it must be a living, thriving, moment-by-moment relationship with Jesus Christ that changes us from the inside out. No amount of therapeutic expertise can replace this truth. Too often, we have allowed science, social progress, and the prevailing cultural norms to dictate what we believe and how we act, rather than the Word of God. Let us not devolve like so many of our cherished universities—though founded as institutions to train ministry leaders, they now pride themselves in humanistic, post-modern thought and a science completely stripped of faith.

Our Time is Now! This is the theme for the 2013 World Conference. Christian counseling is advancing and changing lives all around the world. However, we must check our motives. If we miss God, we miss everything. We must know the tenor of the times and demonstrate relevance to a lost generation while simultaneously remaining anchored in our sacred traditions. We

must live in light of eternity and not cling too tightly to the things of this world... even newly discovered therapeutic techniques and cutting-edge interventions. Tim Keller, pastor of Redeemer Presbyterian Church in New York City, writes, "Everyone will be forgotten, nothing we do will make any difference, and all good endeavors, even the best, will come to naught. Unless there is God. If the God of the Bible exists, and there is a True Reality beneath and behind this one, and this life is not the only life, then every good endeavor, even the simplest ones, pursued in response to God's calling, can matter forever."

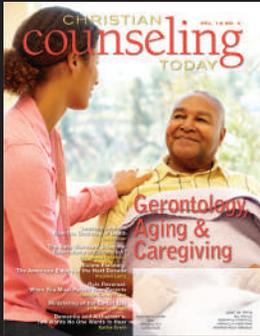
I fully believe that the best is yet to come. Our work, even when it seems mundane and ordinary, truly echoes in eternity. ✨

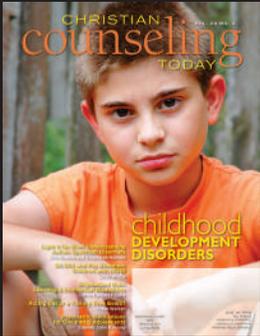
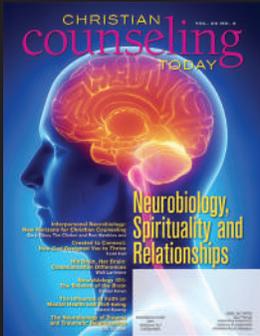


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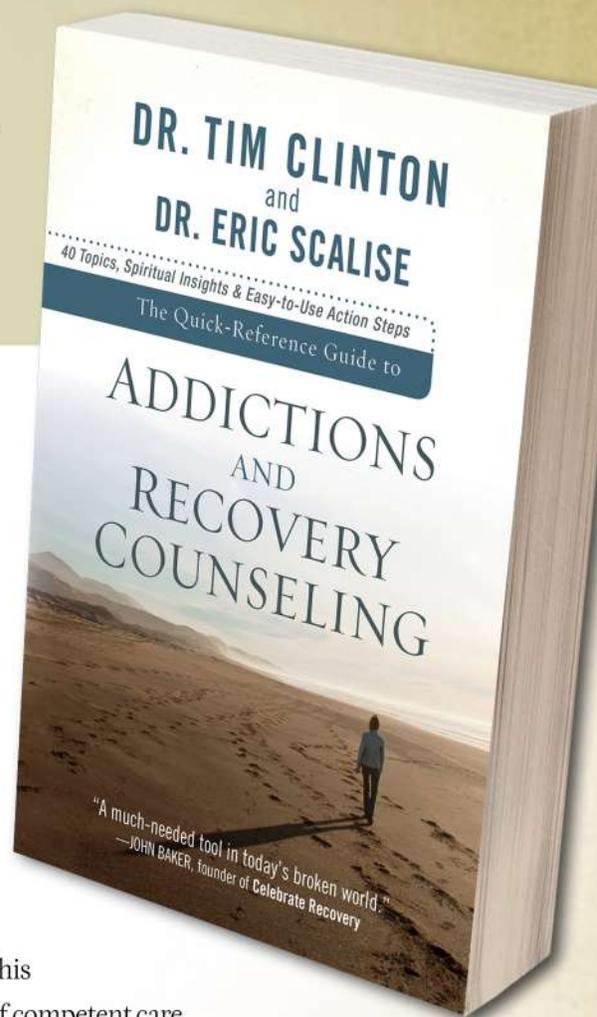
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